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April 6, 1991

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## Controversial new roles proposed

**PAGB says static  
OTCs need  
Government boost**

**Eight more shops  
for Allen Lloyd**

**Chemists head for  
trouble on COSHH**



**The bathtime  
bubble expands**

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# CHEMIST & DRUGGIST

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# COMMENT

The Department of Health sponsored conference last week, intended to provide grist for the mill of the working party on the future role of community pharmaceutical services, probably posed more questions than it provided answers. This is not altogether surprising but time is of the essence if the working party is to gather sufficient evidence of a quality that will convince the Government of the community services that should be pharmacist-led into the next century.

It is disappointing to see that new research has found (p530) that, for most people, the proximity of a GP's surgery to the pharmacy is key determinant in choosing that pharmacy, rather than the quality and range of services provided. With limitation of contract pharmacists have little control over their location but can exert a total influence on the excellence and type of services in their pharmacy.

The same research showed that a majority of pharmacies dispensed appropriate instructions as well as NHS medicines but, less pleasingly, getting on for half of the advice was uttered by assistants. For many pharmacists the key to being the focal point of health care in the High Street is to both take in and hand out

prescriptions, giving counsel as requested or as they see fit. Although the initial advice on over the counter medicines can properly be left in the hands of assistants, prescription medicines require pharmacist involvement from the outset.

Also disturbing was the call for the transfer of more Pharmacy medicines to GSL. Pharmacists are presently calling for more Prescriptions Medicines to become Ps, so as to increase their therapeutic arsenal. The Proprietary Association of Great Britain is making a similar call on Government to boost a static OTC market. But it makes little sense, despite the assertion that the existence of only POM and GSL categories in America has posed little threat to safe medicine taking, to remove the more potent over the counter medicines from the pharmacy and the watchdog pharmacist. Pharmacists must seize the High Street advisory role that only they can provide, and quite literally, make themselves indispensable to the increasingly health conscious public. They must also make themselves available to other professionals so that the overall quality of healthcare in the community is improved as a result of pharmaceutical influence.



# Conference proposes some controversial new roles

**Pharmacists should have to keep records of the advice they give and could telephone patients at home to see if they suffering from potentially dangerous reactions from dispensed medicines. These were among the more controversial suggestions put to a conference on the future role of the community pharmaceutical services, held at the Royal Pharmaceutical Society headquarters last week. Over 200 people attended**

The joint working party on the community pharmacist's future role has received over 100 written submissions, many from individual pharmacists, said Baroness Hooper, House of Lords Parliamentary Under-secretary for Health, when opening the conference. The conference had been convened to give pharmacists another chance to air their views on how they saw the pharmaceutical services developing in the next century.

Recent developments in medicine and technology meant that the need for advice from pharmacists had never been greater, said Baroness Hooper. And there were important changes in the way health professionals were conducting their business. Peer review, audit and quality were the new "buzz" words and community pharmacists could not afford to be left behind in ensuring high quality professional services, she said.

Another important aspect was teamwork, and pharmacists were vital as information providers to doctors as well as to consumers. Any new services pharmacists provided would need to be paid for, but she believed the right way to go about it was to agree on the principles first.

## What customers want

The general public is much more likely to visit a pharmacy than a GP, according to a survey soon to be published.

Some 80 per cent of the public visit a pharmacy at least once a year, compared with 70 per cent who see a doctor, said Dr Rob Pocock, managing director, Midland Environment Ltd, who carried out the survey on a representative sample of 1,000 randomly selected West Midlands residents. A sub-group of high users of medical services, such as asthmatics and diabetics, was studied separately. Seventy per cent of these high users said they visited a pharmacy for medical goods at least once a month.

Convenience played a much more important part in their choice of pharmacy than the services offered. For high users,

the single most important factor was the pharmacy's proximity to the doctor's surgery, followed closely by its proximity to home. For the population at large, the pharmacy's distance from home was slightly more important than its distance from the surgery.

Service factors such as good stock, prompt attention and the pharmacist's advice were

considered much less important, but Dr Pocock believed they could become more relevant as consumers became more mobile; pharmacies offering a better service might then have a competitive advantage. The survey showed that most high users visited the pharmacy on foot (45 per cent) whereas the general public usually went by car (50 per

cent). Most consumers lived within half a mile of the pharmacy.

When asked if they received verbal instructions on obtaining dispensed medicines, 60 per cent said yes, although in 20-30 per cent of cases this was given by a counter assistant. Dr Pocock warned that this could become particularly important as customers became more choosy

## The way forward...

In the afternoon six workshops discussed different aspects of the pharmacist's role. The workshop leaders first gave a presentation on how they saw future developments while another group member later reported back to the conference.

### Health promotion

This group decided that pharmacists should aim for greater involvement in health promotion. They should be proactive and offer advice instead of waiting for people to come to them. How this advice was given would depend on the pharmacist's professional acumen.

There was a need for greater co-ordination in the pharmacy healthcare leaflet scheme and for improved postgraduate education

to make better use of the scheme.

Family health services authorities and district health authorities should divert resources to pharmacies as the main centres for health promotion. Pharmacists providing such services should be trained, accredited and given payments similar to those for keeping patient medication records.

A further conference, possibly sponsored by the Department of Health, was needed to discuss solely this aspect of the pharmacist's role.

Earlier, workshop leader Bruce Rhodes, non-executive board member, Health Education Authority, and the Society's former assistant secretary, had suggested that pharmacies should be centres for health and not places concentrating solely on sickness and profit.

Pharmacists should make themselves more accessible and offer unsolicited advice, for example, they could inquire about smoking habits if a customer

wanted a cough remedy. Inappropriate merchandise should be discarded in favour of health-related products.

The healthcare leaflet scheme had been a success, with over 90 per cent of pharmacies co-operating, but distribution of leaflets was not enough, he said.

### Advisory role

This group decided that the advisory role existed in every activity performed by pharmacists: it could not be evaluated as a specific task.

Evaluation of this role was important as it should be remunerated. Some form of audit was needed, but the suggestion that pharmacists should have to keep records of the advice they gave met with groans of disapproval from the audience during the report-back session.

Workshop leader Jeremy Clitherow, community pharmacist and deputy chairman, National Pharmaceutical Association, looked at the many occasions pharmacists were called on to give advice, from the traditional areas of dispensing and selling medicines to dealing with special groups such as substance abusers.

### Diagnostic services

There were three levels at which these services could be delivered, the group decided. The first was consumer-led, such as magazine articles persuading people to have cholesterol tests. These should be paid for by people choosing to have the tests.

Secondly, there was opportunistic testing in which members of the public were



*Workshop leaders Jeremy Clitherow (advisory role) and Heather Timbrell (domiciliary services)*



about their pharmacy, because the unfriendly assistant could act as a strong deterrent.

Just over half the high users and 42 per cent of the general population had asked the pharmacist for general health

advice, while slightly more had asked for advice on treating a specific minor ailment. But only about 7 per cent had ever asked about keeping healthy, which Dr Pocock thought could be an obstacle to pharmacists wanting to

develop their health promotion role. However, of the 50-60 per cent who had seen the healthcare leaflets in pharmacies, half had taken them away and most had found them useful.

Professor Doug Hepler, professor of pharmacy healthcare administration, University of Florida, told the conference that drug therapy frequently fails to improve the patient's quality of life and may even cause other medical problems.

About half these adverse outcomes could be overcome by detecting, resolving and preventing drug-related problems, he believed, and suggested that this held the key to pharmacy's future. Pharmacists should be involved with the wider concept of pharmaceutical care, which he defined as the responsible provision of drug therapy for the purpose of improving the patient's quality of life.

This meant monitoring the physician's therapeutic plan and

preventing inappropriate treatment. It could even involve telephoning patients a couple of days after dispensing a prescription for, say, NSAIDs or ACE inhibitors, and inquiring tactfully if they were experiencing any side effects that could be potentially dangerous.

A barrier for many pharmacists could be their relationships with doctors and patients, plus the time needed. But Professor Hepler felt that if doctors understood that queries from local pharmacists were related to patient care and were helping the doctors to achieve the desired therapeutic objectives, they might be more sympathetic.

He believed pharmacists should be paid for collecting data on patients' treatment and suggested that the profession asked the Department of Health to support a trial showing what could be done to prevent the UK spending a fortune on drug-related illness.



*Sir Cecil Clothier (centre), former chairman of the Clothier Committee, who chaired the meeting, with Dr Rob Pocock and Baroness Hooper*

selected at random to see if they had raised blood sugar, etc. In this case it would be reasonable for participating pharmacists to expect financial support.

Finally there were GP support or referral systems, mainly for targeted groups such as those at risk of heart disease; in this case central funding was needed.

There was a need for pilot studies to determine how pharmacists could respond to GP referral for liver function tests and theophylline monitoring, which workshop leader Nick Wood, a community pharmacist and member of the Society's Council, had earlier suggested as possible developments.

It was agreed that these new diagnostic services were not suitable for all pharmacies, but possibly one in ten. The profession should sell the benefits to FHSA, suggesting that pharmacists should be remunerated for taking part in opportunistic programmes.

Mr Wood suggested that any potential pharmacy-based service would have to meet a clearly defined need and the implications for local pathology services would need to be examined.

Several practical questions would need answering, such as, would contractors receive capital allowances and would two pharmacists be essential?

### Access to medicines

This group agreed in principle that the public should have greater access to medicines but was undecided how this should be achieved.

Workshop leader Alison Blenkinsopp, member of Council and soon to be director, pharmacy

postgraduate education centre, Manchester University, had first suggested several ways of improving access to medicines while extending the pharmacist's role. These were: increasing the number of medicines available for self-medication by deregulation from POM to P; prescribing of selected POMs by nurses and pharmacists; supply of repeat POM prescriptions by community pharmacists who would accept responsibility for monitoring treatment; and increasing GSL medicines by transferring from the P category.

The group spent some time discussing possible safety problems resulting from deregulation. In the USA, where there were just two categories — general sale and prescription only — there appeared to be no safety problems caused by the greater choice of medicines available on general sale. Increasing the number of GSL medicines in the UK would be a bad idea for pharmacy but beneficial to the public, the group decided.

The general consensus was that if nurses could prescribe, with their meagre training in pharmacology, pharmacists should be allowed to do so too. The difficulty would be monitoring the system and keeping records. The group thought it was a good idea for pharmacists to supply POMs on repeat prescription but again suspected there would be practical problems. And a recurring theme throughout the discussions was, how should pharmacists be paid?

### Effective prescribing

This group decided that, to facilitate effective prescribing,

pharmaceutical care should be integrated totally with healthcare in the NHS. Pharmacists must demonstrate to policy formers the value of such an approach through sharply focussed pilot projects centred around sound performance indicators, not merely cost savings.

The NHS reforms gave the opportunities for this to happen but it would need the sterling efforts of pharmacist advisers to FHSA and freeing of time for community pharmacists as well as GPs. Pharmacists had an equal or even greater part to play in ensuring that medication was properly used.

Earlier, workshop leader Peter Rowe, pharmaceutical adviser to Sefton FHSA and Mersey Health Authority, had suggested that the change from FPCs to FHSA signified a major culture shift for all primary care services. Financial accountability would be demanded of FHSA who in turn would seek to ensure that all contractors provided high quality, cost effective services.

### Domiciliary services

Domiciliary visits would be a logical extension of the present oxygen service, this group decided. The initial visit would be instigated by the GP, health visitor or a pharmacist who felt the patient might benefit from medication advice at home, and the pharmacist supplying the medicines would make this first visit.

Special equipment such as compressors for nebuliser therapy could also be delivered and visits could be remunerated in the same way as oxygen supply. Patients likely to benefit might be

the frail elderly and those with special needs such as home cytotoxics.

Earlier, Heather Timbrell principal pharmacist for community and priority services, Bloomsbury and Islington Health Authority, described a scheme in which pharmacists are to play a part in a home care service for frail elderly people who would otherwise be looked after in a nursing home.

The Islington Home Choice scheme, to start in June, will offer patients between 24 to 56 hours of care per week from a team of carers who have been trained by other health professionals such as pharmacists, chiropodists and occupational therapists.

Each patient joining the scheme will be assessed by a consultant geriatrician. A pharmacist will take a drug history and advise on medication and compliance aids, then be responsible for co-ordinating supply to the patient by liaising with the GP, hospital staff, community pharmacist and carers. The pharmacist will visit the patient's home regularly to supply medicines and check compliance.

Medicines will be prescribed by the patient's own GP on FP10s and will be dispensed by the community pharmacist of their choice who will be invited to contribute to the service.

Ms Timbrell expects the scheme to cost £28,000 per year per client. This created some controversy when it was suggested that care in a private nursing home would cost almost half as much. But the speaker stressed that the scheme was a trial and would be evaluated after a year or so.



# PAGB calls for boost to 'static' OTC market

Positive Government action is needed to stimulate the OTC market and realise the full potential of self-medication, according to the Proprietary Association of Great Britain.

PAGB's estimates of the 1990 non-prescription medicines market confirm a trend the Association says has been apparent since 1981 — "that the market is static and saturated".

In 1990, the total OTC market was estimated to be worth £650 million at retail selling price. This represents an increase of 7.5 per cent over the previous year, broadly in line with the average rate of inflation for the period. Unlike 1989, no overall volume growth was achieved.

Although research shows that people report an average of five minor illnesses in any two week period, only 24 per cent of these are treated with a non-prescription medicine, says PAGB. There is also evidence of a high degree of brand loyalty.

PAGB believes that the future of the OTC market lies largely in the hands of the Government which needs to "actively pursue" its interest in switching ingredients and indications from Prescription Only to OTC status.

"There is considerable scope for adding to the number of ailments consumers are considered capable of recognising and treating themselves without medical intervention," says PAGB, "eczema being a case in point."

One area which contrasts sharply to the static nature of the total OTC market is vitamin and mineral supplements. The total food supplements market was estimated to be worth £128m in 1990, up 28 per cent on the previous year.

Two trends are identifiable, says PAGB: the consumption of multivitamin products at the expense of single vitamins; and the rise in demand for supplements such as fish oils, evening primrose oil, ginseng and garlic.

Commenting on the figures, Gopa Mitra, PAGB's public relations manager, says: "The dietary supplement area demonstrates the growth of preventative care and provides an illustration of people's desire to invest in an insurance policy for health maintenance."

Also among the better

performers were hay fever remedies which showed a 20 per cent increase on 1989 figures (84.6 per cent growth since

1988), indigestion remedies (up 16 per cent), acne skin products (up 13.6 per cent), and analgesics (up 12.4 per cent).

## Market size statistics summary 1987-1990 (£m)

	1987	1988	1989	1990
Cough Remedies	47	50	53	56
Cold Remedies	39	43	46	49
Sore Throat Remedies	61	63	67	71
Analgesics	110	118	129	145
Indigestion Remedies	31	33	36	42
Stomach Upset Remedies	13	14	15	16
Laxatives	14	15	16	17
Skin Treatments	24	26	29	32
Acne Skin Products	18	20	22	25
Vitamins	64	72	80	81
Eye Care Products	10	10	11	12
Anti-Diarrhoeal	—	7.5	9	10
Topical Analgesics	—	12	13	14
Hayfever	—	6.5	10	12
<b>Total OTC Market</b>	<b>518</b>	<b>560</b>	<b>605</b>	<b>650</b>

## PSNC diabetes screening

The Pharmaceutical Services Negotiating Committee is planning a follow-up to its blood cholesterol pilot study by looking at diabetes screening in community pharmacies.

The three month study, to be launched in the Summer, is being sponsored by Boehringer Mannheim UK. Two pharmacies in each of the following areas are required to participate: Bristol, Cardiff, Exeter, Humberside, Liverpool, Manchester, North London, Norwich, Nottingham, Sheffield, South London, Sussex, and West Midlands.

Screening will involve analysing a finger prick blood sample using a Reflolux S machine. Full training and back-up will be available. Anyone interested in the scheme is asked to contact Mike King at PSNC on 0296 432823.



## 'Train the trainers' say students

Pre-registration tutors should receive structured training on the implementation of the competency-based pre-reg training and exam, was the unanimous vote at the opening of the 49th British Pharmaceutical Students Association annual conference in Aberdeen.

Current one-day training is not enough to keep pace with the dramatic changes that will be required in tutors' and graduates' ways of thinking, said BPSA general secretary Lesley Beattie.

Many delegates believed pre-reg tutors are unaware of the

impending exam and are unclear about their future role. "Good tutors won't mind being trained — we don't want the others," said Tee Treacy, an honorary life-member of BPSA. Distance learning with study days emerged as one option: the BPSA also favours assessment of tutors, said president Emily Wilson.

Delegates also unanimously agreed that a minimum length of time should be set aside each month for pre-reg to discuss professional matters with tutors. Steve Wells, pre-reg officer, said that at least half a day each month

should be allocated.

■ The Royal Pharmaceutical Society should encourage inter-professional relationships at student level by forging links with other national bodies concerned with healthcare, says the BPSA.

A BPSA initiative has met with little success, and the Association, while not giving up, believes support from parent societies would provide leverage to successfully establish inter-student links. Undergraduate links are the way forward in understanding each others' training, said Emily Wilson.



## Still no JIC pay decision

Lack of agreement on contractors' remuneration means that this year's Joint Industrial Council pay scales have still not yet been decided.

The revised JIC agreement, which covers minimum salaries for employee pharmacists and wage rates for assistants in England and Wales, was due to come into effect on April 1. The employers, whose 8 per cent offer was turned down by the union, feel unable to offer more until they know how much the Government will pay contractors.

The PSNC is still waiting for a meeting with the Health Secretary, as requested in January.

## Diarrhoea advice

A pharmacist has written to the *British Medical Journal* with details of a study which shows that pharmacists provide good advice in managing childhood diarrhoea.

The study recorded actual pharmacist-parent consultations on audiotape and was designed to assess the quality of care, says Felicity Smith, of the School of Pharmacy, University of London.

This technique provides "genuine examples" of consultations in community pharmacies and provides information on the different types of problems presented to pharmacists and how they are dealt with, Ms Smith explains.

The study involved 64 London pharmacies and 734 consultations, eight of which were for diarrhoea in children. The results showed some inconsistencies in the questions the pharmacists asked, but ultimately oral rehydration salts were supplied in all cases. In six cases they were recommended and in no case was any other product sold.

■ The Society has already taken action to ensure the education and training of pharmacists meets the requirements for their developing role, says secretary and registrar John Ferguson.

In a letter to the *BMJ* Mr Ferguson says: "Therapeutics was added to the pharmacy degree course some years ago, and response to symptoms now forms an integral part of core tuition in every course".

Mr Ferguson also points out that Council is tackling the question of assessment of competence in practice.

# Professions criticised over written standards of service

Many professional bodies have few, if any, written standards of service and do too little to publicise what does exist, claims a resolution to go before the Consumer Congress in Belfast on Friday.

The Congress Committee's resolution is based on a survey of over 20 professional bodies, including the Royal Pharmaceutical Society. They were questioned about codes of practice on standards of service, complaints procedures and appeals.

The replies showed that most, but not all, professions have a formal complaints procedure but consumers are not always aware of this. The British Institute of Radiology and the General Dental Council said they did not have such guidelines.

The RPSGB replied that it did have a code of practice or guidelines which set standards of service for consumers. However, this had not been drawn up following consultation with consumer organisations and although available, was not

publicised in advice centres or libraries.

The RPSGB also confirmed the existence of a formal complaints procedure which was not independent of the profession and again not publicised. Delays, lack of information, costs, and standards of service were among areas covered.

Consumer Congress is calling for members to encourage the professions to develop quality standards and complaints mechanisms in line with the best practice currently operated.

## BRIEFS

**The United Kingdom Association of Pharmaceutical Scientists (UKAPS)** is holding its inaugural meeting at the Society's headquarters on April 8. Chairman of the steering group founding UKAPS is Professor J. Hadgraft from the Welsh School of Pharmacy and acting secretary is Professor R. Duncan from Keele University. Speakers at the meeting will include Sir James Black, Professor Hadgraft and Professor A.T. Florence of the University of London. A draft constitution will be agreed and the first committee elected. The new association aims to promote pharmaceutical sciences in the UK.

**GPs are being encouraged** by the latest *Drug and Therapeutics Bulletin* to consult hospital pharmacists when producing a practice formulary. Any practice which cannot construct its own formulary should adapt a model GP formulary and refer to the local hospital formulary. A drug information pharmacist or clinical pharmacologist should be invited to discuss intended changes and be involved in updating the formulary, the *Bulletin* advises.

**Pharmacists in the London area** are being alerted to forged FP10 forms in the name of Dr A. Gordon, Lambeth, Southwark and Lewisham FHSA, 11 Victoria Mansions, South Lambeth Road. He ceased practising from this address in 1987. The NPA says four scripts have been presented in the Hammersmith area by an Asian in his mid-40s, of medium build, around 5ft 7ins tall and clean shaven. The scripts are not for drugs of abuse but expensive items such as Istin, Zantac, Serevent and Pepcid.

**The indicative prescribing scheme** would be abandoned by a Labour Government. Mr Robin Cook, shadow health secretary, told a Westminster Press conference.

## No single market yet?

A single, barrier-free, unified market for pharmaceuticals is unlikely to be achieved in the European Community before 1995 at the earliest, concludes a report from the Economist Intelligence Unit.

The report predicts that more will be lost than gained by companies. Free movement of goods will encourage parallel imports which, together with government pressures, will reduce prices.

The report suggests harmonisation will see an increase in the number of strategic alliances among companies, intra-company rationalisation, and the acquisition of biotechnology companies. However, delays in market registration will diminish as a centralised body becomes a realistic alternative.

Although prices are predicted to fall, an extension of the effective patent life to 16 years, if agreed, will offset at least some

losses, says the report.

OTC market share is predicted due to tighter controls on health budgets; an increase in patient awareness of health and drug issues; liberalisation of control resulting in an increased number of products; and the failure of some ethical drugs to provide cures.

"Europe's pharmaceutical industry: Tackling the single market" (£295), EIU, 40 Duke Street, London W1A 1DW.

■ Tougher competition within a more unified Europe and national healthcare cost containment could lead to the dissolution of 20 pharmaceutical multinationals and the failure of many smaller, local enterprises, says the King's Fund Institute.

There will also be pressure to cut traditional drug promotion and provide consumers, purchasing agencies, and prescribers, with better information on medicinal costs and benefits.

## Assess individuals' needs

NHS authorities have set in place a tremendous infrastructure to allow the Government's healthcare reforms to work and are confident they will be able to assess and provide for the needs of individuals.

This was the message to members of the National Association of Health Authorities and Trusts from chairman Bill Darling.

Mr Darling, a member of the Royal Pharmaceutical Society's Council and a past-president, said that reforms are primarily about being more responsive to patients' needs. "This means ensuring that when a patient

needs a GP there is a choice, and when patients have to go into hospital they are provided with a service chosen for its quality."

The key to successful implementation of the care in the community element of the reforms, he explained, would be co-operation between NHS and local authorities.

■ The independent health sector have welcomed the formal start of the healthcare reforms. Tony Byrne, chief executive of the Independent Healthcare Association said: "Competition between hospitals will lead to improved facilities and a better service for NHS funded patients."



## Be prepared for a lift in Senokot sales

A new £300,000 consumer press campaign in support of Senokot has just been launched, and will run throughout 1991. Stressing Senokot's natural heritage and its tried and trusted image, the advertisements are sure to increase consumer demand; so be sure to stock up and display it.

Senokot not only offers your customers gentle, effective relief of constipation, but also offers you the healthy profits of a natural bestseller.



# Senokot

## A Natural Bestseller

### PRESCRIBING INFORMATION:

**SENOKOT:** Active ingredients: Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate granules contains standardised senna equivalent to 15mg total sennosides. Indications: Relief of constipation. Contraindications: In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. Further Information: Senokot is colon specific. Dosage and Administration: Adults and children over 12 — 2 tablets in 24 hours, or 2 x 5ml spoonfuls of syrup, or 1 level 5ml spoonful of granules, taken at night; Children 6-12 — 1 tablet in 24 hours, or 1 x 5ml spoonful of syrup or ½ 5ml spoonful of granules taken in the morning; Children 6 and under — consult your doctor. Senokot tablets, PL 0063/5000, syrup, PL 0063/5003, granules PL 0063/5002.



## A grim outlook

At last the PCC has agreed with the DHSS the payments which will be made to contractors in Northern Ireland for providing services to residential homes and for keeping patient medication records. I am not familiar with the details, but I am assured that they will not allow any retirement to warmer climes! What is significant is that these payments herald a departure in the way pharmacists receive their remuneration and this may become more important in the future.

### "Is the Government about to introduce payments for new services, but not provide any new money?"

These two services are not linked to prescription throughput. I trust our negotiators appreciate the potential significance of the moves presently afoot. In the NHS and Community Care Act 1990, Government has made it possible for pharmacists to be paid, within the NHS, for services other than the dispensing of prescriptions. This conveniently comes at a time when the working party on the future of community pharmacy is deliberating over what new services we might be paid for.

My opinion is that Government has plans for us: these plans will be more nefarious than the Limited List, the discount clawback or the removal of the cost plus contract. Government is about to introduce payments to pharmacists for new services, but they are not going to provide any new money. The money will be taken from the global sum which presently pays for our dispensing services, and which in relative terms has been shrinking since the cost-plus contract was terminated.

Contractors face an increased workload in providing the new services, and whereas it might appear that we are individually getting more money we will in fact receive the same since we will lose dispensing fee monies. If I am right, and I hope I am not, the profession will have worked very diligently for the past number of years for absolutely nothing. We will have only provided the Government with details of what extended role we should be providing to find out that our hopes of getting paid for it are dashed.

*Written by a Northern Ireland community pharmacist*

# TOPICAL REFLECTIONS

*by Xrayser*

## Packing blisters?

Blisters have always posed a difficult problem for first aid treatment. Invariably the advice has been to remove the cause of the lesion, cover with a non-stick dressing, and then allow nature to take its own course. The contradiction is that the patient is normally young and active and wishes to continue the activity that first caused the blister.

The technology of ostomy care, however, has been used to solve the problem with the launch of Compeed, a complete dressing for the treatment of blisters. The sufferer is offered immediate relief and the ability to continue with their activity while the blister continues to heal beneath its "second skin". At £2.99 for five plasters it is not cheap but, since one dressing may be left on for two to three days, if successful will be worth every penny.

## New Numark deserve backing

Numark has been relaunched in a blaze of publicity, with a new image and a new colour. At last the stack-it-high, sell-it-cheap mentality has been replaced by a more modern, professional approach with all those terrible window posters now actively discouraged, and a replaceable window board being used to advertise professional services.

The emphasis on improved shop fitting standards is also welcome. I have often envied our Continental colleagues their marble and glass approach, but I definitely dislike those serried ranks of regimented gondolas. My present gondolas are angled in order to encourage customer flow towards the medical and perfumery counters, and are sufficiently low so as not to visually block the walls. They may not be as efficient in generating sales as their modern counterparts but they are more in

keeping with Numark's new image.

In order to succeed Numark must establish their name in the public eye as being synonymous with quality, competitiveness and professionalism. Any member of a trading association must show a commitment to its success, and Numark has every right to expect uniformity in some vital areas of identification, but equally the advantages of individuality must not be suppressed by a dictatorial approach to their new

concept. The old Numark image was outdated, the new deserves support.

## Information transfer

I stated (C&D February 23) that we are "obliged by law" to accept money-off coupons. This, in fact, is only the case if the coupon is from an article previously sold by yourself or the presented coupon is from a company with whom you hold an agency agreement. Unsolicited coupons may, however, be accepted at our discretion.

I am indebted to the National Pharmaceutical Association for this clarification, as I am for much else. It provides its members with reams of vital information, but I admit to being a natural muddler, and when I want that information in a hurry I can never find it. With the rapid increase in the maintenance of patient medication records the availability of a dispensary computer with a capacity of at least 40 megabytes must soon become almost universal. How much more accessible it would be if all the NPA's vital information could be supplied on disk for transfer to permanent computer storage, making it instantly available.

Registration with the NPA of the computer type would enable the correct format of disk to be supplied, and subsequent updated information sent at regular intervals. All this could not be considered for free but, if practicable, it would be an invaluable service to which I, for one, would be delighted to subscribe.



# COUNTERPOINTS

## AAH signs up with BWC

AAH Pharmaceuticals have signed an agreement with Beauty Without Cruelty that allows AAH customers to hold the full BWC range without paying for the holding stock. The stock remains the property of BWC and there are no losses on discontinued lines. AAH Pharmaceuticals Ltd. Tel: 0928 717070.

## May bonus on Veracur



As the Summer period approaches and the incidence of verrucas increases through activities like swimming, there is a seasonal stocking bonus on Typharm's Veracur Gel during May with 16 tubes charged as 12.

The offer coincides with the introduction of a new 12 tube counter display outer. *Distributors De Witt. Tel: 081-441 9310.*

## From Zorbit

Zorbit Babycare have introduced new designs in pram rugs and baby shawls to their range of nursery products.

Two new designs of baby shawls — star and honeycombe — have been introduced. Available in white only, the traditional shawls measure 120cm x 120cm. The pram rug features a blue, mint and lemon check design on a white base. Both products are manufactured in 100 per cent acrylic and are fully machine washable. *Zorbit Babycare. Tel: 0942 497191.*



## Roche launch new line-up for Valderma

Roche Products are introducing a new line-up of Valderma products in 1991, following their takeover of the range last year.

Valderma Active gel is a new product which is aimed at teenagers but will also be promoted to parents who are asked by their children to buy spot treatments. A Pharmacy medicine, it contains benzoyl peroxide 5 per cent (30g, £3.22). It has a non-greasy water-based formulation.

Valderma soap and cream have been repackaged. Both GSL

products, the ingredients remain the same as before. The cream is aimed at adults who need a more gentle formulation to treat occasional spots and blemishes, say Roche.

The range is available on a counter display with advertising in the consumer Press starting mid-May. Promotional support on the relaunch will be £1 million.

Roche say that the market for spot and acne products is worth £28m and is growing at 14 per cent. *Roche Products Ltd. Tel: 0707 328128.*

## Caring soaps from BWC

Beauty Without Cruelty have launched a selection of soaps to add to their bathtime skincare range. There are two new soaps, both complying with BWC's strict vegetarian criteria.

BWC coconut and palm oil soap (100g, £0.46) is unperfumed, has no added colourants, and is

particularly suited for people with sensitive skin, says the company. Yolanda beauty soap (100g, £0.56) is also formulated from vegetarian ingredients and is delicately coloured and perfumed with yolkanda flower fragrance. *Beauty Without Cruelty Ltd. Tel: 0732 365291.*

## Two for one Wisdom offer

Wisdom are promoting their Plaque Control range of toothbrushes by giving customers two for the price of one.

The company is offering Plaque Control adult compact head, adult regular head and adult long head in twin packs with a promotional label. They are packed in outers of six pairs.

To support the promotion in-store Wisdom are offering a selection of merchandising and point of sale material. Retailers can select a six dozen display pack, a floor standing base for display packs, a Wisdom "bin" with "buy one try one free" stickers or a modular stand, for use where single dozens have been purchased, with showcard. *Addis Ltd. Tel: 0992 584221.*

## Intercare spell it out with the NPA

The National Pharmaceutical Association and Intercare Products have collaborated to produce a new booklet, called "Understanding non-prescription medicines", described as an accessible and practical dictionary to meet consumer need.

The booklet attempts to improve the public's understanding of medicines and medical and technical terms in plain English, clearly, concisely and jargon-free. Available free of charge, the Intercare-sponsored booklet has been produced for pharmacists to give their customers. Supplies are available direct from: *Intercare Products Ltd, 7 The Business Centre, Molly Miller's Lane, Wokingham, Berks IG11 2QZ. Tel: 0734 790345.*

**The Jacob's Bakery** telephone number for sales inquiries is 0734 492700. The Jacob's Bakery has taken over the marketing of Liga low sugar rusks.



# No. No. No.

I do not  
want to  
buy a  
colour  
copier

**"Frankly, it's a stagnant market."**

Fact: The colour copier market is growing at around 30%\*

**"They don't come out very well."**

Fuji's photographic colour copy system offers premium quality with incredibly subtle tones and colour rendition.

**"I already offer a photographic enlargement service."**

With the AP5000 you can produce virtually instant enlargements from any original – prints from slides, print from print, OHPs, even copies from solid objects.

**"How can it help my business?"**

Copiers increase store traffic and offer excellent 'sell on' opportunities.

**"There's no demand for colour copies in my area."**

Most businesses now use colour in virtually all their presentations.

**"What does it do that I can't do already?"**

You can offer a virtually complete imaging service direct from your outlet.

**"The material is far too expensive."**

The cost of material for an A4 photographic copy is around £1, with typical selling price of around £4.

**"Nobody would know even if I did get one."**

Our point-of-sale pack will advertise your new service instantly.

**"Sounds too complicated."**

It's as easy as pressing a button.

\*COMPOUND ANNUAL GROWTH RATE (WHAT TO BUY IN BUSINESS – COLOUR COPIERS).

## Well, maybe...

PLEASE SEND ME DETAILS OF HOW THE FUJI AP5000 CAN ADD TO MY BUSINESS, WITHOUT THE NEGATIVES.

NAME

ADDRESS

BUSINESS

TELEPHONE  FAX

SEND TO: LISA BENSON  
FUJI PHOTO FILM (UK) LIMITED,  
PHOTOFINISHING DIVISION,  
FUJI FILM HOUSE,  
125 FINCHLEY ROAD,  
LONDON NW3 6JH.  
TEL: 071 586 5900  
FAX: 071 722 4259



**AP5000**  
COLOR COPIER




**ELASTICATED WAIST:**  
Snug and comfortable fit prevents leakage

**ULTRA ABSORBENT PADDING:**  
Most absorbent at the front, the super absorbent powder attracts and holds moisture, keeping it away from baby's delicate skin

**PERFECT WAISTBAND:**  
Nappy tapes can be adjusted and resealed as often as necessary to ensure perfect fit

**ONE-WAY EXTRA SOFT LINING:**  
Helps keep baby comfortable and dry.

**TAILORED FIT AND MULTI-STRAND LEG ELASTIC:**  
Reduces leakages and ensures a more comfortable fit

**UNICHEM'S WETNESS INDICATOR:**  
No need to remove the nappy to check for wetness. When you cannot see the  clearly, it is time for a nappy change.

The problem with fancy name tags is that they invariably come with fancy price tags too. And when you're buying something as throw-away as a disposable nappy, it seems pointless to throw away money, too.

Especially when you can get all the quality, comfort and fit you're looking for from our new, improved range of own brand disposables.

Even the packs are easier to open and easier to store. What's more,

for a limited period, if you buy 15 packs at once, you'll also get a pretty nappy changing bag completely free.

So if you want to cut the cost of spending a penny, switch to new Ultra disposables. And while you're at it, check out the value for money on our other own brand baby products.

Your nearest UniChem chemist is listed opposite. You'll find when it comes to nappies, a little change can mean a lot.





RA NAPPIES ARE AVAILABLE AT.

SURREY

SUSSEX

WILTSHIRE

# Put your name down for a free advertisement in the T.V. Times.

Every UniChem member who stocks our new range of own brand disposable nappies will automatically have the name and address of their shop featured in our national consumer advertising campaign.

Which means that all those cost-conscious mums who would rather spend their money on a nappy, not its name, will know exactly where they can go to buy their Ultra quality nappies. And when they do, there's a good



chance that they'll buy 15 packs at once. Because then they'll also get a free nappy changing bag.

So be sure to stock plenty. You'll get two Newborn size packs free with every two Infant, Toddler and Child size packs you buy. Giving a giant-size 26.9% profit on return across the whole range.

See your UniChem representative or telephone the Marketing Department at UniChem House now. The resulting fame and fortune will be right up your street.



**HELPING YOU BUILD YOUR BUSINESS  
THROUGHOUT THE YEAR.**



## The Most Common Causes of Itching

### Wheat Rashes

About 2 million people in the UK suffer from allergic rashes, caused when sufferers are hypersensitive to wheat. It is often caused by the gluten in wheat, which is found in many cereals, bread, pasta, and other foodstuffs. It is often accompanied by a severe itchy rash, which can be treated with antihistamines.

### Hives Rashes

Over 1 million people suffer from Hives Rashes, which can be caused by a variety of factors, including food, drugs, and infections.

### Eczema

Eczema is a common skin condition, which can be caused by a variety of factors, including food, drugs, and infections.

### Insect Bites

A problem is primarily experienced during the summer months, when people are more likely to be outdoors.

### Personal and General Itching

Over 4 million people suffer from itching, which can be caused by a variety of factors, including food, drugs, and infections. Itching can be a very uncomfortable and distressing condition, which can be treated with antihistamines.

Concentrate on the skin around the home.

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## Support for Eurax

Ciba Consumer Pharmaceuticals are supporting their anti-pruritic Eurax brand with a new promotional package which includes a counter display unit, show cards and shelf strips, a poster for pharmacies and Press advertisements over the Summer.

Ciba are offering a bonus stock opportunity to the trade — 14 as 12 with an order of two outers and more with larger orders — and an

incentive of six 30g tubes if the Eurax counter unit is on display when the representative calls.

Advertising will appear in a £500,000 campaign in the women's Press running from May to September.

Ciba claims to have increased sales of the brand by 40 per cent last year, to take a 12.6 per cent share of the anti-pruritic market. Ciba Consumer Pharmaceuticals. Tel: 0403 50101.

## Get a bear, give a bear offer from Milupa

Milupa are launching a nationwide leaflet promotion where mothers can get a small, soft teddy bear and give one to a less well off child too.

Mothers can claim one 6in teddy bear (suitable for babies from three months) by sending in packet fronts, and donate a bear, courtesy of Milupa to either a child in hospital, a child in Eastern Europe, a children's charity or she can choose to personally donate the second bear.

The promotion starts this month and runs for eight months until the end of November. It involves either collecting 30 packet fronts from Milupa babyfoods (plus 70p for postage) to "Get a Bear and Give a Bear",

(or if only one bear is required, by collecting five packet fronts plus £3.99).

The company has produced point of sale material featuring the Milupa bear, including showcards, shelf wobblers, shelf talkers and leaflets which the consumer tears off and sends in with the packet fronts. There will also be a window display competition for pharmacies to enter using all the point of sale material.

In addition Milupa have produced, in conjunction with St John's Ambulance, an educational leaflet, entitled "The bear essentials of first aid". These leaflets are to be distributed via health professionals to mothers. Milupa Ltd. Tel: 081-573 9966.

## Boots set own standard in UV-A measurement

Boots have established their own standard for measuring the UVA protection level in sunscreen preparations.

The standard recognises four categories of protection (moderate, good, superior and maximum) and a new symbol indicating these categories will appear on ranges sold in Boots from 1992.

Buying controller Liz Wilkinson says the measurement system has been introduced to

avoid the kind of confusion caused when the SPF system was launched several years ago.

Boots claim nearly half of all sunscreen purchases are made at their stores and the company says it is ensuring all brands it sells follow its lead by using the same symbol for their products containing UV-A sunscreens. Brands sold in Boots from April 1992 which do not use the symbol will make no reference to UV-A protection on pack, Boots say.

"Self-care for back pain sufferers" is a leaflet for consumers produced by The National Back Pain Association and sponsored by Inoven from Janssen Pharmacy Division. Back injury accounts for more than 50 million lost working days per year and over £2 billion in lost productivity. Free copies of the leaflets (send SAE) are available from the National Back Pain Association, 31 Park Road,

Teddington, Middlesex TW11 0AB. Janssen Pharmaceuticals Ltd. Tel: 0235 772966.

Schwarzkopf are advertising their Gliss Corimist haircare range on national television. The £3 million campaign features a 40 second commercial highlighting the conditioning benefits of the Gliss range. The advertisement will run for several months. Schwarzkopf Ltd. Tel: 0296 88101.



## Gillette give extra Spring value

Gillette are promoting their shaving preparations with extra value packs during April and May.

Over the two month period Gillette are offering consumers 20ml extra free on all shaving foams, including standard foam 200ml aerosols in regular and lemon lime (£0.99); and skin

benefit foam 200ml in moisturising and sensitive skin formulations (£1.22).

According to Nielsen statistics Gillette hold a 37.7 per cent value share and a 35.1 per cent volume share of the shave preparations market. Gillette UK Ltd. Tel: 081-560 1234.

## Absolute Alcohol

Synthetic quality available to British and all well known International Specifications and Pharmacopœias

HAYMAN LIMITED

FORMERLY JAMES BURROUGH (F.A.D.) LTD.

70 EASTWAYS INDUSTRIAL PARK, WITHAM, ESSEX CM8 3YE, ENGLAND TEL: 0376 517517





## BLONDES CAN NOW HAVE EVEN MORE FUN.

Now your sun-sensitive customers can enjoy the sun. Sun E45, the first in the new generation of sun-protection products, has arrived.

Our patented technology holds titanium dioxide particles of 3 different sizes in suspension.

That enables Sun E45 to provide broad-spectrum protection and to contain only one sunscreen, Microfine Titanium Dioxide, a non-irritant inorganic mineral.

While chemical sunscreens can cause irritation (that can be mistaken for prickly heat), Sun E45 is allergy-screened and dermatologically tested.

And it not only protects against "burning" UVB, but also offers clinically proven protection from "ageing" UVA rays, those that can cause long-term damage. Sun E45 has been designed for

every type of sensitive skin:

Type 1: Always burns, never tans. Should block the sun with Sun E45 Cream SPF 25.\*

Type 2: Burns easily, tans eventually. Should use Sun E45 Lotion SPF 15, with SPF 25 on vulnerable areas. Once a tan has developed, can switch to the SPF 8 (both the 15 and 8 allow a gradual tan).

Type 3: Sometimes burns, tans slowly. As type 2, but can switch to the SPF 8 earlier.

Type 4: Occasionally burns, tans well. Could start with the SPF 8, using the 25 on vulnerable areas.

Available on prescription,\* this truly dermatological range is perfume-free and water-resistant. It's an excellent recommendation. And a must for sun-sensitive skin.



# SUN E45

## DERMATOLOGICAL PROTECTION FOR SUN-SENSITIVE SKIN



\*Sun E45 SPF 15 and 25 are indicated for photosensitivity induced by photodermatitis and radiotherapy (ACBS)



## PILLS

— the every week story of pharmacy folk episode 54.

### "SO POWERFULL"

said enthusiastic new user John Ryan M.R.Pharm.S.

"The potential of the system is boundless"

### "QUALITY & QUICKNESS"

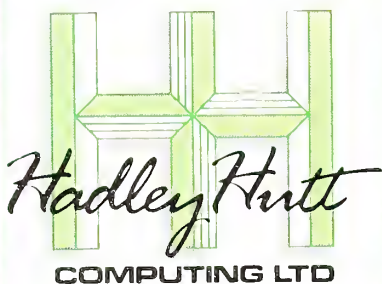
said

Peter Prokopa M.R.Pharm.S.

"The leaflet quality is very good and PILLS is the quickest most flexible system that I have tried"



PILLS also incorporates automatic transmission to wholesalers plus software for Manrex & Nomad unit dose systems.



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Stourport-on-Severn,  
Worcestershire DY13 9QB.  
Telephone: 0299 827826  
Fax: 0299 827393

## COUNTERPOINTS

### From Numark

During April, the following Numark products will be on promotion: Numark antiseptic gargle & mouthwash, Numark film, the Numark range of paper, including kitchen towels and both Numark and NPA bags and carriers. Nucross products on promotion include witch hazel, surgical spirit, hydrogen peroxide and glycerol of thymol.

Numark are offering extra-fill products throughout April on a number of ranges, including All Clear shampoo, Bodyform regular 20s, super 20s, pant liners 30s and 45s, Gillette razors and shaving foam, Harmony hairspray and Right Guard aerosols, roll-ons and pumps. Numark Management Ltd Tel: 0827 69269.

### Smoke with flowers

Kitty Little are aiming to make life more pleasant with their ash tray pot pourri (£1.49). A small quantity is poured into the base of a clean ash tray. Then, boosted by hot cigarette ash, the pot pourri will replace tobacco odours with a natural flower fragrance, the company says. The product is non-toxic and incombustible. Kitty Little Ltd. Tel: 0782 577055.



### Economy in the bag from Milupa

Milupa are introducing an economy size 240g pack for their best selling varieties.

In April the economy size will be available for carrot and tomato, cheese and apple treat, and cauliflower and creamed potato varieties. This will be followed by three more savoury varieties and three desserts.

The move follows initial testing with economy size breakfast cereals, which proved popular, say Milupa. Consumers will save about 10 per cent when buying the economy size.

To support the launch Milupa

are offering special price promotions.

Milupa are also donating £2,500 to help reduce the number of child accidents. The money will be given to the five health visitors who propose the most appropriate ideas to help prevent such accidents.

In association with the Health Visitors Association and the Child Accident Prevention Trust, Milupa are inviting applications to be submitted by May 31.

The awards will be presented to the winners in June. Milupa Ltd. Tel: 081-573 9966.

### Vapona advise

As part of a major consumer education programme, Vapona are producing a range of question and answer fact sheets covering aspects of insect problems in the home.

The Insect Advisory Service was prompted by the large number of queries received by the company from insect troubled customers last Summer. Correspondence was fuelled by an increase in the insect population linked to a series of hot Summers combined with increased awareness of domestic insecticides, says the company.

The leaflets, developed in conjunction with entomologists and home economists, will be sent direct to consumers who contact the Service with queries. Nicholas Laboratories Ltd, Household Division. Tel: 0753 23971.

AGB would like to make it clear that the liquid soap market, although relatively small, is growing at 21 per cent year on year (C&D, March 16, p415).



A delighted Mr S. Jolly of Richardsons Chemist, Northampton, receives a cheque for £5,000 from Mr J. Edwards, national sales manager, Crookes Healthcare. Richardsons Chemists won the major prize in Crookes' £55,000 cash give away Winter promotion featuring Nurofen, Strepsils, Karvol and Asilone display units



# It couldn't be easier to take.

# So we've made it easier to ask for

We knew we couldn't improve  
Dulco-Lax's effectiveness.

But we did know that we could  
improve its packaging design, shop  
displays and overall image.

Consequently, we're relaunching  
Dulco-Lax this year with £300,000

worth of new advertising, PR, liter-  
ature and a special bonus deal for  
your stockists.

The new packaging features  
an 8-tablet trial pack which  
your customers can select for  
themselves.

We've even put a hyphen  
between Dulco and Lax to help the  
name trip more easily off the tongue.

For more details of our special  
bonus offers contact your Windsor  
Pharmaceuticals territory manager  
or telephone 0344 484448.



WINDSOR PHARMACEUTICALS LTD



## Lentheric on TV until May

Lentheric have a new television campaign for their new colour cosmetics range, launched last month, which breaks on April 8.

The 30 second advert, which will be shown nationwide, consists of a colourful series of images in three different presentations.

It will run until the end of May and be followed by a Press campaign in women's magazines from June onwards. *Lentheric Morny Ltd. Tel: 0276 62181.*

## Mascara offer from Almay

Almay are offering their water resistant mascara at a promotional price.

The product will be offered at 75p off at an offer price of £4.31, rather than the usual rsp £5.06. The mascara will be available at this price in black, brown/black and brown.

The special offer pack will be uncartoned, with a promotional collar detailing the 75p off offer. In

addition, a display unit, complete with promotional header card will accompany each parcel. Stock will be available from June. *Nicholas Laboratories Ltd, Cosmetics Division. Tel: 0753 23971.*

## Vent Vert gets Spring relaunch

Pierre Balmain Perfumes have relaunched their Spring fragrance Vent Vert, originally introduced in 1947.

The new bottles are square, with a sculptured, tinted green glass cap.

The range comprises two sizes of perfume (7.5ml, £38; 15ml, £57), three sizes of eau de toilette (50ml, £22; 100ml, £33; 200ml, £48) and two sizes of eau de toilette spray (50ml, £24; 100ml, £35). *Jean Patou Ltd. Tel: 071-328 1036.*

**Parfums Ralph Lauren** are offering an exclusive 11ml cologne purse spray on limited edition this Spring. The fragrance is presented in an elongated slender burgundy bottle, embossed with the Lauren signature in golden lettering, and topped by a gold effect spherical stopper. This product will be available on national distribution from May 20 at £12.95. *Parfums Ralph Lauren. Tel: 071-937 7207.*

**Innox Young Solutions:** Owing to component supply problems the April launch of Innox Young Solutions has been put back to May 1991. Network Management apologise for any inconvenience caused by this delay and confirm that orders placed for the Unichem April leading offer promotion will be delivered in May at April promotion prices. *Network Management Ltd. Tel: 0252 29911.*

## Natural sunpreps for sensitive skin

Natural skincare company Annemarie Borlind have introduced a suncare range of hypo-allergenic products, Sunlind.

Sunlind sun milks (SPFs 12, 5 and 3, all £10.95) are said to be suitable for Winter or Summer sun. The SPF12 is water resistant.

The sun creams (SPF7 £9.95 and SPF3 £8.95) are suitable for facial protection and are water resistant.

Sunlind sun gels (SPF7 £9.95 and SPF5 £11.95) are claimed to be suitable for those prone to sun allergies, since they contain no oils, fats or emulsifiers. They are for Summer sun only.

Sunlind Tropic (£9.95), a water resistant lotion for those who already have a tan, Sunlind lip

balm (SPF4, £4.95), after sun (£11.95) and Sunless Bronze, a self-tanning product (£12.95) are also available. All ingredients are from natural sources, say Annemarie Borlind. *Natural Flow Ltd. Tel: 0435 882482.*

## Perfect Radiance

Givenchy Beaute have launched a face powder duo called Perfect Radiance.

Perfect Radiance (15g £22) contains micro-capsules filled with moisturising, emollient and protective active ingredients. When it is applied to the skin, these capsules release natural oils, vitamin E and UVA and UVB filters, say Givenchy. Three colour combinations are available.

Each duo comes with a mirrored lid and a skin-coloured application sponge. *Parfums Givenchy Ltd. Tel: 0932 245111.*

## Healthlife stock offer

Healthlife are offering pharmacists a new marine oil product dispenser and £175 worth of marine oils and supplements free. To qualify for the offer the retailer needs to order £250 worth of Healthlife supplements and minerals in any combination.

The dispenser holds three tiers of marine oil products — price-flashed one-a-day capsules on the top, regular marine oil capsules in the middle and cod liver oil on the lower tier.

The nutritional information carried on the pack has been updated; also included are details on all products in the range. *Healthlife Ltd. Tel: 0274 595021.*



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HTV Wales & West  
TVS South  
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Libra Bodyform:	All areas except CTV, LWT, TTV & C4
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Mum deodorant:	All areas
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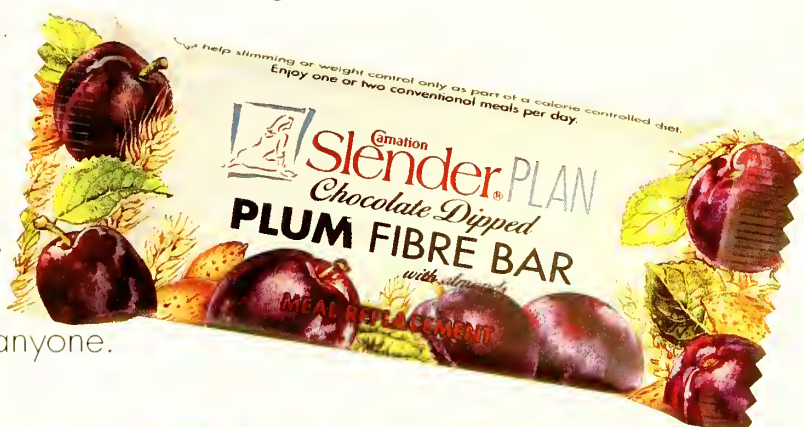
# Chocolate Dipped Profits!



**Carnation Slender** Plan is brand leader in the slimming market\* and we have introduced new Chocolate Dipped Fruit Fibre Bars to the **Slender** Plan range.

For a long time now your customers will have been aware of the importance of fibre in the diet so new **Slender** Plan Fruit Fibre Bars, packed with wholesome natural ingredients, will be a 'must' for anyone counting calories.

And they don't only appeal to slimmers, being dipped in dark chocolate they make a delicious snack or convenient lunch for almost anyone.



Fruit Fibre Bars will be supported by 'Chocolate Dipped Slimming' campaign in women's general interest and slimming press - commencing March 28th - sampling operations and extensive P.R. activity.



So for healthier profits (and customers!) stock up now.

Nestlé Health Care, St. George's House, Croydon, Surrey CR9 1NR. Tel 081 686 3333

\* Mintel Report October 1990.



## Spectraban 10 and ultra join 4 and 15 to make four

Stiefel have added two sunscreens to their Spectraban range, both of which are ACBS approved and can be prescribed for ultraviolet protection in photodermatoses and radiotherapy.



its combined SPF is 28. Its UV-A filter means it can be recommended to give protection against the long term premature ageing effect of the sun, say Stiefel.

Spectraban 10 (150ml £2.98 trade, £5.25 retail) gives tenfold protection against UV-B radiation and is intended for customers who need a lower level of protection with some tanning, advise Stiefel.

Both products are creamy lotions which are easily applied and readily absorbed by the skin, the company says. They join the other two Spectraban products in the range which have SPFs of 4 and 15.

A full pharmacy support package is available. *Stiefel Laboratories. Tel: 06285 24966.*

Spectraban ultra (150ml £4.32 trade, £7.61 retail) contains three filtering agents which, together with titanium dioxide, provide a sun protection factor (SPF) of 17 for UV-B and 6 for UV-A.

Using the more usual system,

Beiersdorf's Leukostrip is now available on Drug Tariff (England and Wales) and on Stock Order (Scotland and Northern Ireland).

Leukostrip is a sterile, washproof, hypoallergenic skin

## S&N launch Balmandol bath oil for dry skin

Smith & Nephew are introducing Balmandol therapeutic bath oil, a GSL product indicated for the treatment of dermatoses characterised by dry, scaly or fissured skin.

These include disorders such as atopic eczema, contact dermatitis, psoriasis, ichthyosis, senile pruritis, eczema craquelé, and neurodermatitis.

The clear, straw-coloured solution contains almond oil 30 per cent, light liquid paraffin 69.6 per cent, and butylated hydroxyanisole 0.1 per cent as a preservative. Balmandol also contains small amounts of other ingredients — poloxamer, citric acid monohydrate, cyclo-methane and including perfume — but no detergents, emulsifiers

or lanolin.

Smith & Nephew say that Balmandol offers the optimum level of vegetable oil — which binds to keratin better when present in low concentrations — and mineral oil — which binds better in higher concentrations.

The exclusion of detergents

## Leukostrip on Drug Tariff

closure strip for a traumatic wound closure. Unlike others on Drug Tariff, it is made from a polyamide net allowing it to stretch and return, says the company.

Leukostrip is permeable to air and exudate, due to the porous structure of the plastic backing material and adhesive coating. The strip therefore remains in position, and the skin does not become macerated.

Leukostrip strips measure 6.4mm by 76mm. They come in envelopes of three (10 £4.30 trade). *Beiersdorf UK Ltd. Tel: 0908 211444.*

### BRIEFS

**Price reduction:** Lilly are reducing the price of all their Keflex products by 20 per cent from April 9. The price of 100 Keflex capsules 250mg, for example, goes down to £12.22 from £15.27, 24 per cent below the March Drug Tariff price. *Eli Lilly & Co Ltd. Tel: 0256 473241.*

**3M** are introducing a hospital pack of Diffam cream, comprising 18 by 15g tubes (£23.27 trade). *3M Health Care Ltd. Tel: 0509 611611.*

**CP** say that production difficulties continue to prevent the manufacture of Hyalase, and new supplies will not be available until September. They wish to point out that another hyaluronidase product (500 unit ampoule) is available on a named-patient basis, from Idis Ltd, Unit 9, Canbury 2,000, Business Centre, Elm Crescent, Kingston upon Thames, Surrey KT2 6HS. Tel: 081-549 1355. *CP Pharmaceuticals Ltd. Tel: 0978 661261.*

and emulsifiers also has a two-fold benefit, say Smith & Nephew. The risk of sensitivity reactions is reduced, and because Balmandol floats as a fine film on the surface of water, it is transferred evenly to the surface of the skin on leaving the bath.

Balmandol is suitable for patients of all ages. They should add 15-30ml to warm bath water, soak for 10-15 minutes, and then pat the skin dry. Balmandol can also be applied to wet skin after showering, or be used as an emollient — applied to affected areas and rubbed in.

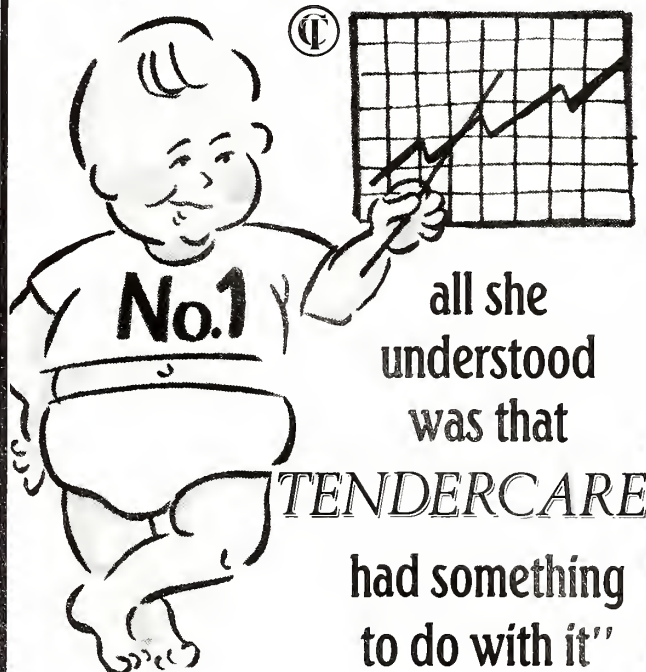
Patients should not use it if they are sensitive to any of the ingredients. They are advised to discontinue use if irritation occurs. Balmandol should be kept away from the eyes, and patients should guard against slipping.

Balmandol is available in two sizes — 225ml (£3.68) and 500ml (£7.36, both prices trade). Retail prices are £5.75 and £11.50 respectively. The product licence number is 0033/0138. *Smith & Nephew Pharmaceuticals Ltd. Tel: 04023 49333.*

**High Energy Liquisorb Neutral** enteral feed is priced at £31.20 trade for 12 500ml bottles (hospital only), not as stated in *C&D* March 16, p410. *E. Merck Ltd. Tel: 0420 64011.*



"I explained profit to mum today.."



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## Training not the be all and end all

So, the Pharmaceutical Society is to encourage training! As a retail chemist trainer my colleagues thought I would be delighted. However, pharmacists should exercise caution before spending their hard earned profits on training courses that will show poor results. Poor results that is, if they omit to follow up the course with their own encouragement and acknowledgement of a member of staff's new found interest.

Indeed, if a company with disinterested managers only *trains* its staff then the results can be damaging. Those who send staff on display courses without then investing in so much as a staple gun or sharp scissors for the staff to use, will cause frustration. The pharmacist who shows no interest in the studies of the MCA student will cause resentment.

"I went back buzzing but nobody even asked how I got on". This must be the most disheartening statement a trainer

can hear. It was said to me by a young girl who was clearly well-motivated and loyal to her company. Perhaps the trainer was culpable: if so, I confess and make a plea through this column. Your staff need training, but above all they need the encouragement and praise of the proprietor and manager. Training courses plant seeds, good managers nurture them.

Vanessa Kingsbury  
Buttercups Training, Nottingham

## UBR — 'it's all according...'

I often find that I disagree with Xrayser, but never before strongly enough to write in. I feel on this occasion, however, that his beliefs cannot represent the views of all community pharmacists. I refer to his strong defence of the uniform business rate (March 23). Xrayser states that the UBR is "intrinsically fair" — how can any business rate be fair? The "poll tax" has been deemed to be unfair

because it doesn't take account of ability to pay. Neither does UBR.

In Abergavenny we have seen a 113 per cent increase in our rates bill because of UBR. Prior to UBR the rates bill was three times that of our other branch in Cardiff, yet the turnover of both shops is virtually the same. I would suggest that the only people who find the UBR fair are the ones who have benefited from a reduction in their rates bill under the new system.

My message to Xrayser is simple — forget about the self-interest and look at the whole picture.

S. Moore  
Abergavenny

JIMMY WALK HARD STREET Address		INITIALS AND LINE FULL FORENAME
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No. of days treatment NB Ensure dose is stated		NP
Gutt Propine 0.1% 1.10ml use bd		
Gutt Dipivefrine 0.1% 2.5ml use qid		
2 prescriptions on form		
Phenobarbitone 30-60mg. tid 60		

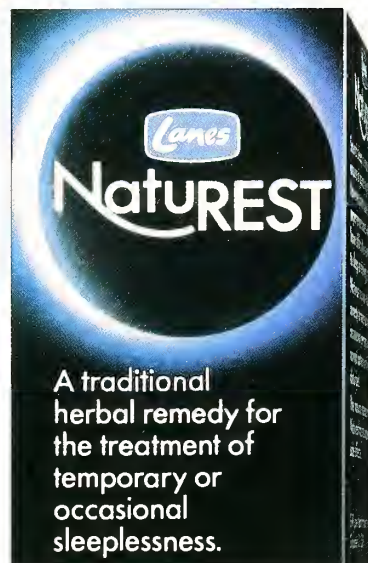
Norman Sampson from Melton Mowbray has provided this selection of prescription posers. The item on the left was read by four pharmacists as Phenobarbitone 30-60mg. tid. It is infact Probanthine. As for the top script — "I strip" and Mates — one wonders! And right, another miracle of computerisation — both brand and generic at the same time. Two items — one no charge perhaps?



## Now people sleep more peacefully — more naturally

Launched in early 1990, Naturest has already established itself as a winner. Lanes have successfully identified a previously untapped sector of the market — people seeking an effective natural remedy for

sleeplessness. So today, Naturest, a fully licensed OTC remedy, joins Olbas and Kalms as yet another brand leader in the world of natural remedies. Stock up — sleep well!



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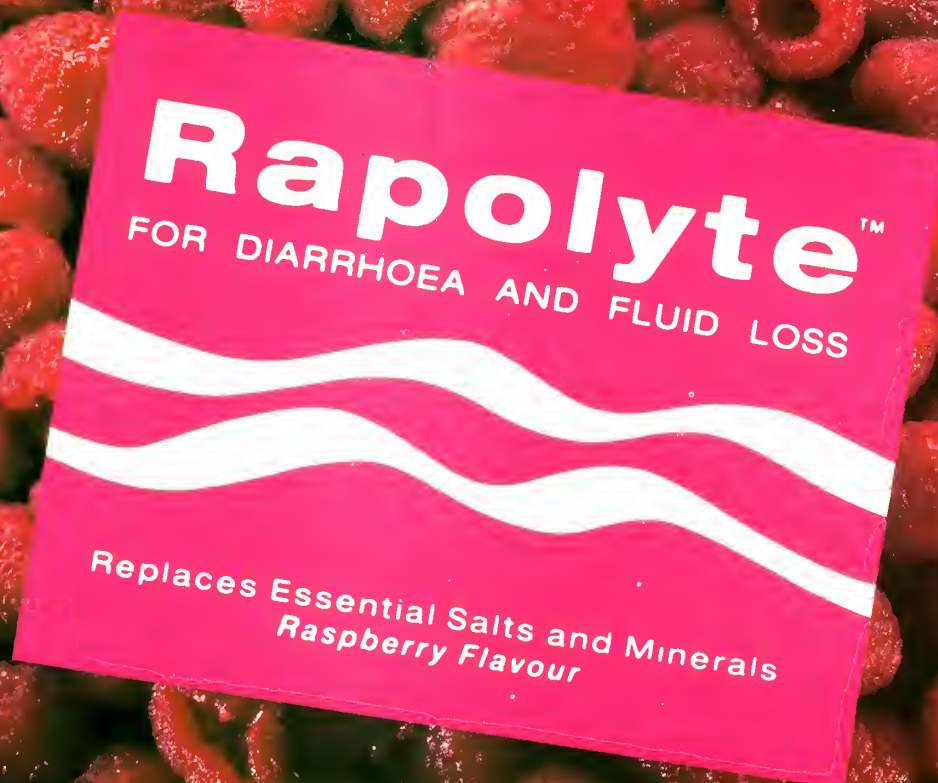


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# Q&A

A lady in her mid-50s gives you this prescription. She complains of feeling dizzy and flushing, especially in the morning, and asks you whether a tonic would help

quantity endorsement	<p>Rx</p> <p>Gutt. Timolol 0.5% 2 drops b.d. m.o.</p> <p>Flavoxate 200mg tds m 180</p> <p>Premarin 0.625mg Tid m 3praks</p> <p>Nitrazepam 10mg nocte m 100</p>
Signature of Doctor	Date

## QUESTIONS

1. Why would you query this prescription with the GP?
2. What might account for the symptoms?
3. What action do you suggest?
4. What other comments would you make?

due to the adverse effects of flavoxate or of timolol absorbed systemically. Nitrazepam might also contribute to postural hypotension, especially in the morning, although this would be more likely in the elderly than in a woman of this age.

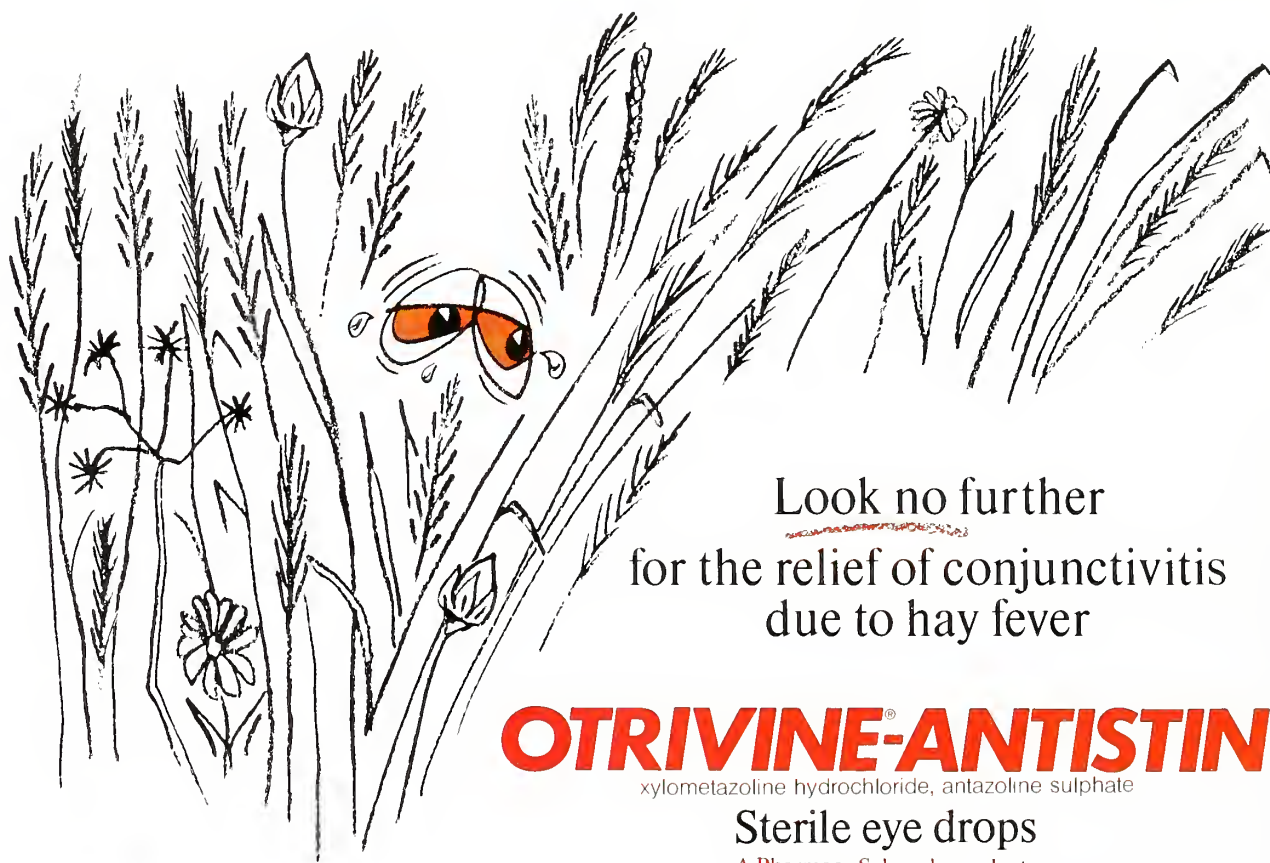
3. It will be impracticable to determine which agent, if any, is responsible for the symptoms but any changes should be made gradually. Assuming that these drugs are necessary, it may be possible to reduce the dose of flavoxate or the concentration of the eye drops.

## ANSWERS

1. Flavoxate, an anticholinergic agent for the treatment of urinary incontinence and frequency, may precipitate or exacerbate glaucoma, for which this lady is being treated with timolol eye drops. The combination may be essential but this should be confirmed with the GP.
2. Dizziness and flushing may be associated with the menopause or

Temazepam could be substituted for nitrazepam to reduce possible hangover effects, or the dose could be reduced. If the symptoms are due to the menopause, they may be improved by increasing the dose of oestrogens.

4. Hormone replacement therapy should normally be with oestrogens and progestagen combined; exceptions include women who have had a hysterectomy. Confirm with the GP that oestrogen therapy alone is appropriate.



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due to hay fever

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## A surrealist illustration of a woman's face lying down, surrounded by various objects like a red tomato, a yellow fruit, and a purple flower. The woman has her eyes closed and a serene expression. The background is a soft, textured surface, possibly a bed or a rug, with various objects scattered around her head. The style is soft and painterly, with a focus on natural elements and textures.



# BEAUTIES

**The bathtime bubble is rapidly growing, with sales of bath and shower additives, the largest toiletry sector, rising at around 27 per cent. Currently worth around £140m, there are no signs of the bubble bursting**

The size of the bathroom toiletries market varies greatly, depending on how it is defined, with £140 million the average. Nielsen estimate it to be worth £78.7m, excluding soap, whereas Colgate Palmolive put the figure as high as £263m.

Shower gels are enjoying growth of over 40 per cent, around twice that of bath additives, with the men's shower market performing particularly well. Bath liquids are growing at 25 per cent according to Nielsen, and are currently worth around £54m. Meanwhile, sales of solid bath additives and talc are suffering, while soap sales are declining in real terms.

There is an increase in personal care within all age groups, observe Smithkline Beecham. Most of today's consumers have come a long way since the time they were bathing once a week!

## Sophistication

Buzzwords on packs include deodorising, moisturising, luxurious, and also natural green products, too, are gaining popularity.

The bathtime market now looks set for increased segmentation and sophistication, with growth coming from new variants of existing brands, including dual role products. Consumers are trading up and now expect much more than bubbly water.

Smithkline Beecham say that fragrance layering is becoming popular, with consumers buying across various products with the same fragrance, and this can only increase sales. Manufacturers agree that product ranges should be displayed together, to maximise impulse buying.

## New on the scene

Last year saw the introduction of Sante from Nicholas, with the message "keeps skin healthy". Timotei bodywash for the bath and shower was also introduced this year. Radian B mineral bath was launched in 1989, with sales last year "exceeding ambitious targets". Moments was launched in 1989 to provide innovation in the feminine sector - peach is the most popular variant, followed by green, then blue. Consumers buy to co-ordinate with their bathroom, it seems.

"Value added" products, such as moisturising formulas are selling well. Smith & Nephew introduced a Nivea moisturising bathcare range last October.

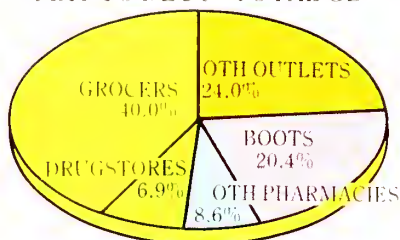
They say that despite the grocery bias, pharmacy outlets are showing the strongest growth of all retail outlets within the bath



*Promotional activity for Nivea's range will be aimed at encouraging trial, with a schedule of sampling in the women's Press throughout the Summer*

and shower market, overtaking drugstores in value share terms last year. Chemist's value growth is put at 39 per cent year-on-year (29 per cent volume) compared to grocers at 16 per cent and 6 per cent respectively.

SHARE OF TRADE BY OUTLET  
MAY TO DEC 90 TOTAL GB



SOURCE: NIELSEN

Smith & Nephew say that the reasons for this are two-fold. Grocers may stock a less expensive portfolio of skincare brands, and pharmacists are reaping the rewards from stocking more shower products.

Yet Retail Business believe that grocery multiples will further consolidate their position. These outlets are certainly capitalising on the growing trend for economy pack sizes, which, say Nicholas, have a "significantly higher rate of sale," although for consumers this may well be a false economy as the larger the pack, the more they use!

Own label price per unit is often half that of branded bathroom toiletries, but the price differential is less for shower gels than bath products, say Retail Business. According to

AGB, own label bath liquids account for half the market.

## Salts

Solids are used regularly by less than 5 per cent of the population, say Retail Business, and Smith & Nephew say the market showed 39 per cent decline last year. Yet Nicholas, who say they have 67 per cent of volume sales in the sector with Radox Herbal Bath Salts, believe that the '90s lifestyle can revitalise the salts sector with the ageing population, and an increase in sporting activities likely to cause aches and pains.

## Liquid gold

Bath creme, foaming bath seed, bath gel, bath foam, foaming bath oil, moisturising bath creme — the list goes on. But what exactly is the difference?

Not much, it appears. "As the market place twists and turns bath products also change their name," says Bill Hamilton, Creighton's managing director. Bath oils float on top of the water, and coat the skin on arising from the bath, whereas creme bath softens the water. Certain formulations are sometimes chosen depending on the other ingredients used, he says.

## Jacuzzi fever?

Nicholas say that the market will be fuelled by product innovation and consumer interest, and with spa baths and jacuzzis gaining popularity, who knows what products the future holds?

## Relax!

"Britons love their bathrooms," say Nicholas, with bathrooms replacing the kitchen as our favourite obsession for refurbishment and fashion co-ordination. Their research shows that half the population bathe 2-3 times a week. Listening to the radio is the most popular way of relaxing in the bath, followed by singing, reading, and sharing a bath, according to research by E45. However, the North-South divide cannot be bridged by the bathtub — north-easterners spend longest in the bath, while a third of Londoners spend less than 10 minutes bathing.



# Shower power

Shower gels are riding the crest of the wave as the fastest growing sector of the bathroom toiletries market — and they look set to remain there

"Clear the shelves for shower gels" is the current message from manufacturers, particularly since sales ran in the Summer.

Last year, 5 billion showers were taken, fuelled by the increasing trend towards personal care, along with the increasing number of homes with power showers, say Smithkline Beecham. There is no doubt that male shower gels are fuelling this growth considerably.

Manufacturer's estimates for market size vary between £19m-£44m, with growth of up to 46 per cent. There is no doubt that if manufacturers have their way, showering may soon become an everyday luxury!

Yet despite the shower boom, with its advantages of water economy, quickness and convenience, shower gels are not snatching business from bath additives. Consumers tend to prefer a shower for invigorating and refreshing, and a bath for relaxation. SB's research revealed that 65 per cent shower first thing in the morning, compared with 44 per cent after work, although 63 per cent shower on holiday.

## Pharmacy sales soar

Shower gels are selling particularly well from pharmacies. Smith & Nephew say that chemist's share (excluding Boots) showed 65 per cent value growth and 56 per cent volume growth last year. But they comment that despite this, chemists still only represent 7.3 per cent of sterling sales of shower gels, compared with the 9.8 per cent they enjoy in the total bath and shower market. Their conclusion that pharmacists still have room for further growth in shower products is echoed by many manufacturers.

"The challenge is to find a way to get more people to use gels in the same way that they now use soap," says Jill Mobbs, product manager for Radox Showerfresh. She says that although half the British population own a shower, only 1 in 10 use a shower gel.

A shower gel pack lasts an average of two months, perhaps because consumers use soap if they run out, say Nicholas. Shower gels are around double the cost of bath additives, but manufacturers anticipate a move towards larger pack sizes of 300ml.

Mintel predict that shower gel usage will increase as more homes have showers. Usage may also increase as people shower more regularly — only 2 per cent of the population currently shower every day, according to SB.

## Segmentation

Nielsen put growth of family shower gel brands highest at 62 per cent (MAT to Dec 1990). These brands are introducing more variants targeted at user groups, plus products offering multi-purpose appeal such as deodorising action, hair and body shampoos, or both combined! Fragrance variants within a brand are also expected to increase. All these trends are much more advanced in Europe, particularly Germany.



*Showerfresh packs will have an extra 20 per cent free this Spring (excluding men's variants). Trial size 50ml packs of the Alpine and men's variants will also be available in July/August. A major promotion to increase awareness and reinforce the Radox range is currently being planned for August*

Nicholas say that Showerfresh, leading the sector, has a 20 per cent volume share. Their male range has been the dominant factor in the brands recent performance, they say (see Men's section).

Cussons say that Imperial Leather Shower has a 12.3 per cent market share, with a fourth fragrance, Cool Aqua, introduced last Summer. This gave the brand a presence in the blue sector, which, say Cussons, accounts for a quarter of the shower gel market.

## Multi-purpose appeal

The trend towards bathroom toiletries offering moisturising benefits is reflected in all sectors of the shower gel market — for example, Nivea, Pearl, Simple and Moments. Galenco are currently developing four 'skin-caring' shower gels, including a men's variant, which are expected to be launched mid May.

Deodorising formulas are also popular. Reckitt & Colman added two shower gels to their Deep Fresh range last October, and repackaged the range. Body Mist shower gels were repackaged in January. However, Nicholas believe that women use products primarily to pamper rather than for deodorising action. They quote the old



*Reckitt & Colman's range of deodorising products fits in with the swing towards products with multi-purpose appeal*

## TOP 10 BRANDS PHARMACY (EXCL BOOTS) MAT TO ND90

### SHOWER LIQUIDS

1. LYNX
2. RADOX SHOWERFRESH
3. IMPERIAL LEATHER
4. INSIGNIA
5. RADOX MOMENTS
6. BADEDAS
7. BODY MIST
8. OLD SPICE
9. SLAZENGER SPORT
10. NIVEA

Source: Nielsen

saying: "Men sweat, women perspire".

Although many brands have now introduced a hair and body shampoo, including Nicholas and SB, neither see a large market for female-specific hair and body shampoos. Women are probably tempted by the vast array of hair care products on the shelves.



*Palmolive soap will be supported by a consumer Press campaign, with the first burst running until the end of April. Additional promotional support, including couponing, is planned for later this year*

## Soap

Soap sales are eroding with attack from bath and shower products, say market consultants. However, this is puzzling, because although soap kills bubbles, bubble bath and shower products haven't killed soap usage. Smith & Nephew say that 80 per cent of people using a shower product also use soap, while 93 per cent of those taking a bath also use soap. Badedas soap is used with the other bathroom variants, or alternately by users who keep Badedas for an occasional treat, says product manager Heather McCarthy.

Two trends emerging for soaps, say AGB, are the milder, sensitive skin variants and natural, vegetable based soaps, which both provide opportunities for the pharmacist. Johnson & Johnson value the soap market at £200m, while Colgate-Palmolive say it grew by 4 per cent last year to over £100m.

As the shower market matures, soap usage may decrease, but soaps don't look set to disappear down the plughole yet. In tonnage terms, soap is still good value for money, and this could become important in future years.



# New look, rationale and major support: Brylcreem Black, the range with style

1991 sees Brylcreem Black men's range flaunting a stylish and contemporary new livery. New Brylcreem Black features a consolidated range of nine products, totally in keeping with today's sophisticated market, with modern and effective new formulations and a new, highly appealing, distinctive fragrance. It will be supported by heavyweight press and new television advertising worth £1.8m, together with extensive PR and promotional campaigns worth over £1m, planned throughout the year to maintain a high profile presence in the rapidly expanding male grooming market.

The male toiletries market has grown by a staggering 14 per cent over the past 12 months and is forecast to grow a further 13 per cent in 1991 according to SmithKline Beecham Personal Care UK, manufacturers of Brylcreem Black: figures well above the rate of inflation that prove this is one of the most buoyant retail sectors.

Brylcreem Black is one of the fastest-growing brands in the "popular range" sector. Its positioning at launch two years ago as the stylish range for total grooming for fashionable young men (16-24 years), and the women who buy for them, has firmly established it as the leading player in male grooming. From this platform of strength Brylcreem Black is being relaunched to exploit major new trends in this market and to maintain its pre-eminent position therein.

The main trends that will direct and influence the male grooming market in '91 are:

- ☐ Growth of the "male specific" brands, particularly at the expense of unisex toiletries.
- ☐ Increased consumer awareness, interest and usage, resulting in greater segmentation and new product formats.
- ☐ Increased rate and weight of purchase, resulting in —
- ☐ Greater willingness by consumers to experiment and a growing demand for new/young lines.
- ☐ Decline in old traditional lines.

## Brylcreem Black — from strength to strength

The new Brylcreem Black range is represented in three carefully defined market segments in which it already has a significant presence: men's hairdressings, men's body care, and men's facial care. All products are targeted at 16-24 year-old men, and the women who buy for them.

Brylcreem's position as the leading men's hairdressing has never been seriously challenged — its reputation for male haircare has literally been passed down



from father to son. The Brylcreem Black haircare products have been carefully selected to respond to the demands of 16-24 year-old men

## The haircare range

**Modelling Gel  
Styling Gel  
Styling Mousse  
Fixing Spray  
Two In One Shampoo and  
Conditioner**

The new improved formulation of each item closely reflects current market trends. Latest statistics show that gel formulations enjoy a phenomenal 120 per cent sterling growth year-on-year, April 1990. Aerosols — sprays and mousses — also show an impressive growth of 27 per cent\* for the same period\*. Current hairstyle trends demand effective products for cleansing, styling and holding, while the growing preference for frequent shampooing results in greater usage of "hair maintenance" products right across the board. The buoyant male haircare market shows an overall 22 per cent sterling growth\* (YOY), April 1990. The new range of reformulated, improved hold styling products, together with a Two-In-One Shampoo and Conditioner, will ensure Brylcreem Black continues to meet the increasing consumer demand.

## The bodycare range

The Brylcreem Black men's body care range is definitely just for the boys! Three products to maintain body freshness in formulations that reflect the current preference for sprays and shower items. The Shower Gel, Body Spray and Anti-perspirant Aerosol work together as a team for the fashionable male who prefers an invigorating shower for total cleansing (which also includes the important haircare routine). Latest figures prove Brylcreem Black has shown precision targeting with this carefully co-ordinated range — body sprays currently enjoy a massive 98 per cent sterling growth, bath and shower products 59 per cent, and the necessary deodorants a maintained 2 per cent increase. Overall, the male body care market has grown a significant 15 per cent YOY April 1990\*.

Brylcreem Black completes its total grooming range in the facial care sector with the Shave Foam, which has been reformulated to give a richer foam.

All the Brylcreem Black items feature a superb fragrance that gives immediate reassurance of the quality and effectiveness of the products as well as underpinning their up-to-the-minute appeal to give the consumer added confidence. All items are £1.49 except the body spray which is £1.59. SmithKline Beecham Personal Care UK, SB House, Great West Road, Brentford, Mdx. Tel: 081-560 5151.

\* Source: SDC



# Tapping the men's market

**Men's shower gels have taken the shower gel market by storm, fuelling much of its growth over recent years**

Men shower more frequently than women and also use shower gels more frequently, probably due to their convenience for the younger man with the active lifestyle. Shower gels are looming large as the demand for male toiletries increases generally, say Elida Gibbs.

The tide is turning — a third of men are now shopping for themselves, say Nicholas. Even better news is that the pharmacist is well positioned to capitalise on this dynamic market — Nicholas research has shown that men tend to shop in independent chemists for their toiletries rather than grocers. They say that male shower gels are now worth £6m, growing at around 32 per cent.

Although male shower gel usage is 53 per cent, purchase is only 23 per cent, giving lots of growth opportunity, say Smithkline Beecham. They repositioned their Badedas shower gels and introduced a male variant last September. Brylcreem Black's men's range, including shower gel, was also redesigned this year.

## The right image

Male shower gels are very much image based, with fragrances also important. Many manufacturers have opted for distinctive black packaging, and Nicholas says their Showerfresh for Men was designed to

be bigger than the rest of the range to portray a macho image! The product has "deodorising" as a descriptor because this is a key reason men's shower gels are bought, say Nicholas. They introduced two new deodorising hair and body shampoos for men last year and say that combined sales of all three variants achieved a 1.4 per cent volume share just months after launch. Lynx showergel, launched in 1988, has a 45 per cent share of the male shower gel market, say Elida Gibbs. The newest fragrance, Java, was introduced last April.

The number of men aged 15-19 will fall by over 350,000 by 1994, say Mintel, who anticipate a slower growth rate of men's toiletries as a result. But one thing is certain — with the vast array of men's shower gels, it seems unlikely that many men will be caught borrowing womens brands!



## Scentcraft!

**C&D talks to Anthony Davies, fragrance development manager at Quest International, who has worked on the fragrancing of bathroom toiletries for around 20 years. Here he demystifies the fragrancing of shower gels....**

Shower gels have a more distinct fragrance benefit than bath additives, with an initial burst of fragrance (more so than soap) as well as a longer-lasting, environmental scent, says Mr Davies.

"The key advantage of shower gels over bath additives is the refreshing, invigorating aspect, he adds. Fragrancing of shower gels reflects this appeal, with refreshing fragrances such as herbal, marine and citrus being popular. However, as the shower market becomes more sophisticated, fragrances are becoming more diverse, because technically, products are broadly similar, apart from the pack, colour and fragrance.

"Baby lotion" smells for sensitive skin formulations are an example. "Natural caring" fragrances may well increase in popularity along with the environmentally friendly trend, and this has already occurred in the US. "Natural fresh floral" fragrances are an example, and these can also be combined with a more sophisticated fragrance background.

Caricatures of upmarket fragrances captured in shower gels is a popular European trend, which Mr Davies believes may well catch on here. It is already evident within the men's sector here, but not yet in women's products. The most common odour type for men's shower gels tend to be "aromatic fougere", evolved from mens fragrances like Drakkar Noir and Cool Water, he says.

Europe is currently a very active market in bathroom toiletries, particularly Germany, and fragrance levels can be higher than those used here. There are also many more brands and variants available, says Mr Davies. There is evidence of this trend emerging here — Radox Showerfresh is now available in six fragranced variants, with alpine, seacrest and sunsplash the most popular, say Nicholas. Fragrance groups and descriptions can now be plotted and a manufacturer's products can be superimposed, so that potential new fragrance areas can be identified.

Along with the green trend there has been a move towards natural fragrance extracts in recent years. However, these are often more expensive than their synthetic alternatives, and may also be less versatile, with inferior technical performance. Some natural extracts may have little or no smell, and in these cases, a fragrance is matched to both the concept and the brand image.

How would Mr Davies sum up his job? "It's a mixture of art and science. The beauty of it is that it is continually changing, like fashion, although similar trends may occur, they're always different."



*Santal's main aim is to gain trial and awareness. Trial size packs are currently available*

## So irritating!

**Some customers keep bath additives for an occasional treat, but there are other reasons why they are not always used everyday — irritation — and pharmacists are perfectly poised to capitalise on the increasing market for "sensitive skin" products**

Consumers are concerned that bath additives may be drying to the skin, with minor skin irritations perceived to be caused by high levels of colour and fragrance, according to market research by Nicholas.

They introduced Santal last year, with the aim of making it as much a part of consumer's healthy lifestyle as morning fruit juice, says product manager Caroline Clarke.

Over 40 per cent of respondents questioned by E45 admitted to either having current skin problems or to suffering in the past, with dry skin being the most common complaint. Yet despite this, E45s product manager Bridget Mander says that soap and water was voted the most popular cleansing method for both face and body, although both are known to have a drying out effect on the skin.

Leading the way in skin care are younger women, say Crookes. Some 10 per cent of the 16-24 age group now use a soap substitute and add a rehydrating bath oil to the bath. Women believe that additive and perfume-free formulations, along with no animal testing, are more important than price.

Ms Mander adds: "Sales of the E45 range within the pharmacy sector continues to outstrip expectations, and the availability of Bath E45 on FP10 will help us maintain this growth."

Smith & Nephew say that consumers are increasingly demanding products which offer kindness, naturalness and which are compatible with today's health conscious lifestyle. Simple's "not perfumed, not coloured, just kind" proposition fits readily into consumers requirements. Simple soap is growing by 7 per cent in a static soap market, they say.

Meanwhile, Vaseline Dermacare was launched in May 1989 as an emollient for dry skin. It has achieved a 3.6 per cent share of the £44m hand and body toiletry market, say Elida Gibbs.



# The luxury of beautiful bathtime skin with Fenjal



Even in today's difficult trading conditions, the bath additives market, valued at £118 millions\*, remains buoyant and is estimated to be growing at 16 per cent per annum\*\*. This is being driven by the growing popularity of the oils and cremes sector.

The bodycare sector, comprising skin moisturising and conditioning products, similarly continues to show excellent growth, estimated at 15pc year on year\*\*.

These two trends viewed together, indicate that today's woman is clearly looking for products which offer skin conditioning benefits. It is believed that women are increasingly looking for these moisturising properties because they are bathing and showering more often, resulting in the loss of essential skin oils. We are also seeing women becoming more involved in sports, and their general lifestyle is becoming more hectic, thus they are demanding more from their toiletries. Bath additives which merely cleanse the skin are no longer sufficient. Fenjal, with its unique moisturising properties, fulfils both the cleansing and moisturising requirements that women must currently obtain from both bath products and body moisturisers combined.

Both Fenjal Classic and Avantgarde offer consumers a complete bath and apres-bath body care regime aimed specifically at moisturising the skin. Fenjal Creme bath has been precisely formulated to ensure that its pure plant oils disperse completely in the water to provide a fine, non-greasy moisturising cream.

While demanding more from their toiletries, women also expect to pay a little more for the added benefits offered by premium price products. Trading in the quality premium priced toiletries sector shows a marked increase, indicating female consumers are looking for the specific product benefits offered by quality brands and not just a general, all-purpose product.

## Total bodycare regime

The high degree of moisturising protection offered by Fenjal Creme bath is maintained by all other products in the Fenjal Classic and Avantgarde range. And, as each product is used — soap, body spray, talc etc — the complete Fenjal beauty routine allows the consumer to benefit from the subtle layering of fragrance which builds up on her skin. The timeless Fenjal Classic

fragrance and the subtle floral scent of Fenjal Avantgarde, lingers on the skin throughout the day, providing an all-over body freshness.

Fenjal, the ultimate bath and bodycare range, is rapidly becoming the essential addition to every woman's skincare regime. And Fenjal's message to the consumer as Summer approaches is to be aware of the drying effects of the sun. Skins glow as they develop a honey gold tan, but can look grey and dingy as the tan begins to fade. Fenjal Creme bath, made from pure plant oils and extracts easily disperses into the bath water providing a fine, non-greasy moisturising cream to soothe away any hint of dryness caused by exposure to the sun. Moisturising the skin can actually slow down the cell shedding process, and in this way Fenjal can help prolong the skin's Summer glow.

Fenjal is manufactured under licence by Smithkline Beecham Personal Care UK, SB House, Great West Road, Brentford, Middlesex. TW8 9BD. Tel: 081-560 5151.



# Character building

**"Bathing is a great game, a fun element," says Mately's product manager Caroline Clarke. The market is certainly capitalising on this fun element, with 3-d characters expected to be a growing trend**

Nicholas value the children's toiletry sector at £5m, making up around 17 per cent of the bath liquids sector, while AGB say that growth was a massive 49 per cent last year. So what is the reason for this massive surge?

Parents are spending more money on children, with working mothers having higher disposable incomes and treating children to "guilt purchases", say Nicholas. This, together with the rising birth rate and the development of the child as a consumer, will create even more growth potential. Children choose, but mums endorse the product, they say.

Children's shower products have not surfaced in the shower frenzy. Nicholas believe this is because bathtime is more fun, and many children are scared of showers.

Matey, with a core age group of 3-6 years, has maintained brand leadership in the children's bath market for over 27 years, and currently holds 75 per cent market share, say Nicholas. They attribute its success to its popularity with both mums and kids, with a safe and mild formulation, plus a fun character for play value — a dual benefit not matched by anyone else.

Characters are kept to simple shapes and colours because a child's imagination does the rest, says product manager Caroline Clarke. "Kids are very specific about the role that Matey plays," she says. Nicholas choose characters based on children's imaginative adventure games, entailing the hero rescuing the heroine from the "baddie". Characters are used as playtoys in the bath, and are collected when empty.

The 2 litre Matey Giant, introduced several years ago, is restricted to the grocery sector because of its size and price point. Nicholas say that 75-80 per cent of sales are of the standard 500ml size.

Following last August's introduction of Spooky talc and shampoo, are further line extensions planned? Caroline Clarke says that soaps would contradict the Matey market. Toothpaste would not be appropriate because Nicholas do not see themselves as an authority in this field. "We're an authority on mildness and fun," she says.

## Life after the Turtles?

"We aim at an age group from zero to death," says Andrew Lane, sales and marketing director at Grosvenor of London, who say they are brand leaders in the gift children's toiletry field. Their Turtles range was worth £10m last year, he says, which is around six times more than for any of their previous characters, including Ghostbusters, My Little Pony and Star Wars. He predicts that the Turtles will be around for a good three years, following the new film out this Summer and a new series of television cartoons in September.

Mr Lane signed the Turtles licensing agreement two years ago, giving exclusive

marketing rights, but the range was not launched here until last year. Everything has to be right from the cap down," he says, adding that the British public are very discerning. "Our theme is value for money," he adds. "You can't rip off the consumer because of the character."

"I make it my business to find out what's going on," says Mr Lane. So what's up his sleeve?



*The Simpsons toiletries will be available from April*

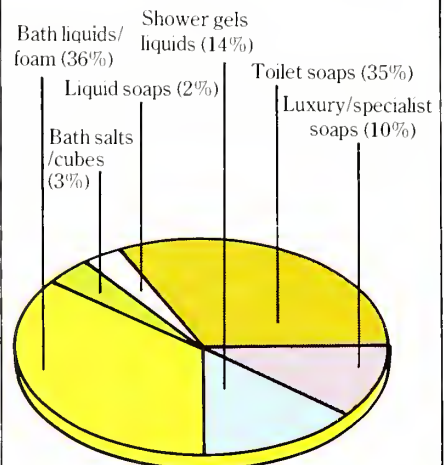
## Look out for the Simpsons

The Simpsons toiletry range will be launched later this year, including 500ml foam bath, shower gel, Bart moulded bottle and, appropriately Bart hair gel.

Development of moulded containers for children's toiletries is a trend that Mr Lane anticipates will grow because of their collectability as toys with play value.

Both Simpsons and Turtles have similar toiletry ranges in the US. However, Mr Lane believes that the English children's toiletry market is more sophisticated in

## The bathcare market



Source: Colgate Palmolive

design, packaging and originality than anywhere else in the world.

## Big babies

Johnson & Johnson say that baby bath products are growing at 29 per cent, with Baby Bath the brand leader with a 42 per cent share. However, they say that baby bath additives are only in 47 per cent of households with children, and see opportunities to increase both adult and baby usage of Baby Bath by establishing it as "the mildest way to clean skin".

They launched Baby Moisturising Bath with baby oil in January to widen adult appeal. Some 60 per cent of adults also use Baby Bath and with Baby Oil having 90 per cent adult usage, the new variant capitalises on the combination. This helps both formulation and marketing of the product, says product manager Gary Lewis.

The same philosophy has been used with Baby Lotion Soap. J & J say that although baby soaps are only worth £5m, they have high in-house penetration, presenting an opportunity to grow the market by widening adult appeal.

Baby shower gel was launched last February and again capitalises on the "adult too" philosophy. Packaged as a shower product, adults are anticipated to be the main users due to the growing shower market. However, J&J say that parents had requested a less runny version of Baby Bath for bathtime use. "It all made sense and tied back into the market," says Mr Lewis.



*Brainstorm say they are the only company in the world with the capability to reproduce a full colour image onto foam. They are currently negotiating the use of licensed characters with BBC enterprises, for designs on Wet Play, a bathtime learning toy, and Float Toys. "Witty" images for adults are also planned*



# BRUSH UP ON YOUR COLGATE



Colgate is the No.1 toothpaste both in the UK and the rest of the world.

Outselling every other brand by far, it is now available in 5 different variants, to meet the needs of all your customers.

Backed every year by heavy-weight national advertising, with £12.5 million

behind the Colgate name this year, our massive rate of sale guarantees unmatched profitability for you.

Supported by our strong commitment to the oral care market as a whole, Colgate is the unchallenged market leader, earning the lion's share of your display.



## SMILE

YOU'RE SELLING THE WORLD'S NO.1 TOOTHPASTE.

## Colgate



# Good enough to eat

The natural trend for bathroom toiletries is certainly flourishing and looks set for further growth, with many companies looking to expand their distribution into pharmacies. Green is the '90s theme, but what are the trends within this trend?

Consumer demand for environmentally friendly products should be taken seriously — environmentalists have already closed down fur departments and taken CFCs out of aerosols, which shows the strength of what consumers can do, says Bill Hamilton, sales and marketing controller at Creightons Naturally.

Yet after watching bubbles disappear down the plughole, the question that springs to mind is: "Should environmentally friendly companies be marketing bath and shower additives at all?" After all, even "environmentally friendly" brands contain detergents.

Montagne Jeunesse brand manager Jonathan Harper says that their bath and shower additives are based on the coconut-derived detergent sodium lauryl ether sulphate, which has the ecological advantages of being biodegradable, and not using either oil or animal by-products. They are, therefore, preferable to the use of either traditional detergents (which can use oil by-products and are not as biodegradable) or traditional soaps, which often contain animal by-products, he says.

## Green to the core

Promises of naturalness are becoming more advanced. The marketing advantage will be gained in going completely natural, say Montagne Jeunesse. The company has recently reported a 150 per cent increase in distribution, with over half this coming from the chemist sector. They have just reformulated their entire range using a higher concentration of natural ingredients, and have checked for the absence of residues such as pesticides, which can be a problem when using natural ingredients.

The new range includes shea butter and kukui nut, plus a mineral and seaweed body scrub and various moisturising bath and shower products, including an orchid oil range.

## New formulas

Unfiltered products containing pieces is a trend that is emerging in Europe, but has not yet reached the UK, says Greg Butcher, managing director of Montagne Jeunesse. The company says it would like to use orange puree, with real orange pieces, in its orange spice foam bath, but is concerned that such products might be poorly accepted by the consumer. Solids may suggest an error in the product's manufacture — their cucumber and witch hazel toner, containing solids, received such complaints.

Creightons put their own national sales force on the road two years ago to cope with the demand of increased sales. Their most popular fragrance is apple, possibly because of its refreshing appeal. The Ocean Harvest range was launched last year and this Summer a strawberry range will be launched. Showers slot nicely into the environmentally friendly category, and



*Farrow & Humphries are introducing a Bali range around Easter, including three bath products. Their products are targeted at retailers including pharmacies, who specialise in gift packs*

Creightons are poised to introduce three shower gels — peach, apple and strawberry. "We're going forward on the basis of tried and tested fragrances," says Mr Hamilton.

Evening primrose oil products have proved popular with Creightons along with many other manufacturers — Montagne Jeunesse, Tisserand and Green Things to name but a few. "What we have is beauty from without," says Mr Hamilton.

## Fruit cocktails

Cherry, coconut, orange, passionfruit... the list goes on, and sounds more like a menu than the ingredients in bathroom toiletries.



*Montagne Jeunesse support a variety of environmental charities with innovative campaigns, promoted at point of sale*

But do consumers look for a product with one main ingredient or do they prefer a cocktail? Research by Montagne Jeunesse reveals varied answers, depending on the product and the ingredients in question.



*Creightons Ocean Harvest range*

Combinations are used if they have beneficial or synergistic action, say manufacturers.

## Mood magic

Aromatherapy, used for therapeutic and fragrance benefits, appears to be catching on in the bathroom. The essential oils are said to maintain physical and emotional health, as well as fragrance benefits. Tisserand aromatherapy predict that one of the biggest growth areas will be pharmacies, with the majority of all new accounts coming from this area. Consumers seek advice when purchasing, they say, making grocery outlets unpopular. Tisserand have bath oils for muscle fatigue and stress relief, and are about to launch a second shower gel, described as a revitalising blend, plus a sandalwood bath oil.

Green Things are created from plant and herb extracts, complemented with aromatherapy oils. The company, now in its tenth year, will be concentrating on targeting business at pharmacies and this year will see a complete repackaging of the range. Kneipp's range of bath botanics and shower gels has greatly expanded over the last two years, to cope with increased distribution and growing consumer demand.

## Dead or alive?

Dead Sea products such as bath salts and soaps have also sprung up in response to the natural trend. Examples are Ahava, introduced earlier this year, RDC, and Oris Natural Sea Beauty.

## Babies too

The Baby Naturals range, including aloe vera and camomile, was launched in Holland & Barrett last October, but becomes available to other retail outlets this month. It is the first range to be gentle, natural, convenient and environmentally sound, say The Natural Toiletry Co.

## Going far

Innovation and fun is surely the essence of a bath product, according to Mark Constantine, managing director of Cosmetics to Go mail order toiletries. "If you don't innovate in any sector, sales will drop," he reasons. Bath 'solids' and soaps are doing well, and many certainly sound delicious — Saucery, Vanilla pops, Blackberry Bath Bomb and Peppermint Cream, for example. All products are non-animal tested and environmentally friendly. Their customer base is over 100,000 and last month they doubled their sales projections. Manufacturers take note — Mr Constantine believes there are 1001 aspects of personal service that the pharmacist could exploit, even formulating toiletries!



# CLOCKWORK ORANGE

regular customer!  
regular sales!



When customers come to you for advice on relieving the discomfort of their constipation, they may well expect you to recommend a laxative. But most simple constipation is caused by a lack of fibre in the diet. Doesn't it make sense then, to recommend that they relieve their constipation by increasing the amount of fibre they eat?

Unfortunately, many people may be unwilling or unable to change

their diets to include more high fibre foods. This is where you can help, by recommending fibre in a glass — Fybogel Orange.

Because it contains Ispaghula husk, Fybogel Orange can help to replace the fibre missing from so many modern diets, easing the discomfort of constipation and restoring regularity. Fybogel Orange is a convenient, palatable drink, flavoured with natural orange. A natural choice for the management of constipation.

**PRODUCT INFORMATION FOR PHARMACY RECOMMENDATION:** FYBOGEL: **Active ingredients:** each sachet contains 35g Ispaghula husk B.P. **Indications:** constipation, conditions requiring a high fibre regimen. **Contra-Indications:** Fybogel is contraindicated in cases of intestinal obstruction and colonic atony. **Dosage and administration:** (to be taken in water) Adults and children over 12: one sachet morning and evening. Children 6-12: half to one 5ml spoonful, depending on size and age, morning and evening. Children under 6: consult your doctor. **Retail price:** at December '90 7 sachets 99p, 10 sachets £1.22. Product Licence nos. Fybogel Orange 44/0068, Fybogel 44/0041. Fybogel is a trade mark. Further information and display material is available on request from Reckitt & Colman Products, Hull, HU8 7DS, U.K.





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We're the brand leaders in babymilks. And our babymeals now account for over half of all jars sold.



While baby drinks lead the market and sales of Olvarit meals keep rising all the time.

And we're making sure it stays that way.

This year sees our biggest spend ever on advertising and promotion, with



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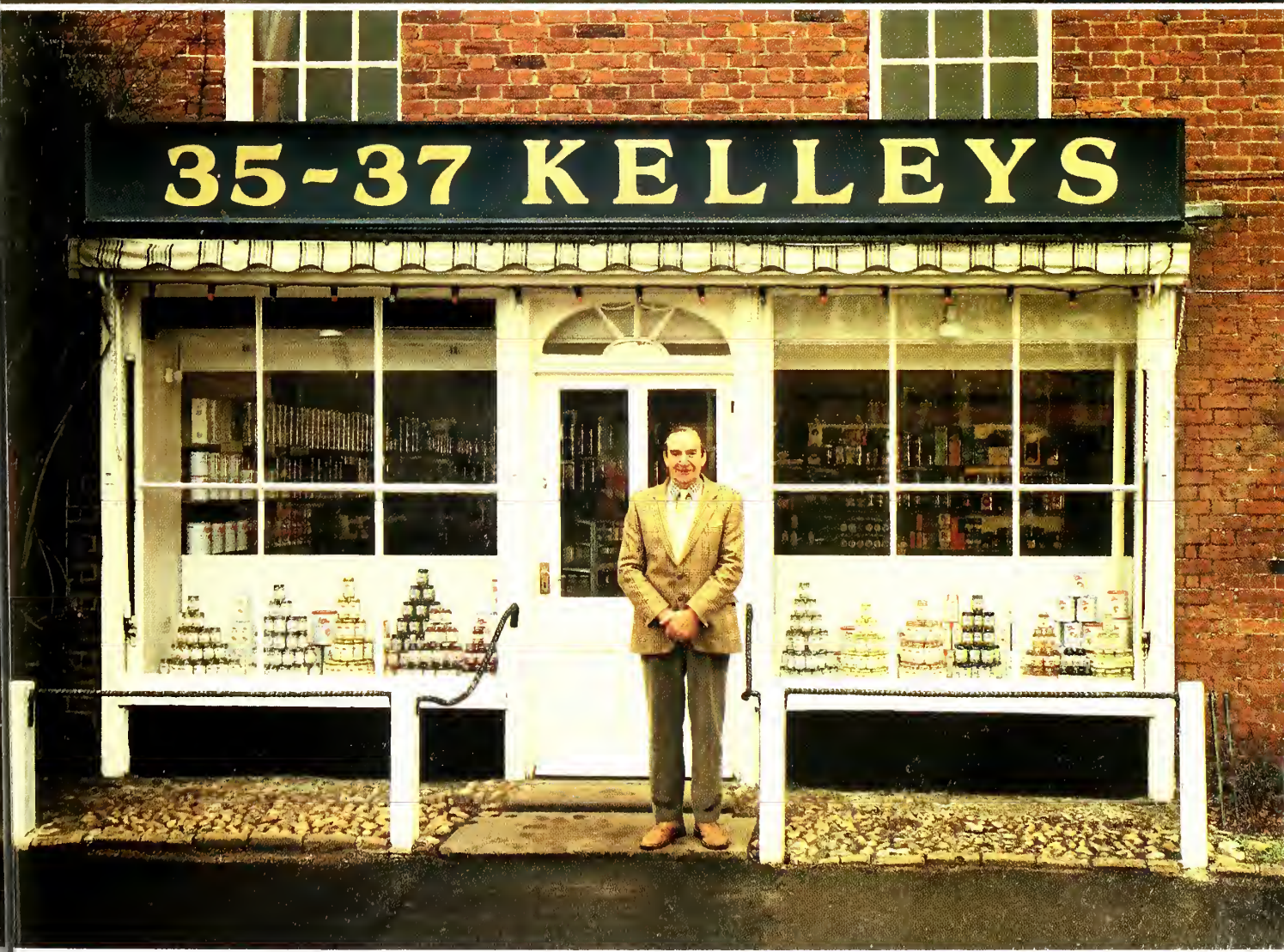


So fill your shelves with the Cow & Gate range and you'll soon be filling your pockets.

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The Babyfeeding Specialists

Breastmilk is the best food for babies. The purpose of infant milk formula is to replace or supplement breastmilk when a mother cannot, or chooses not to breastfeed. The cost of infant milk formula should be considered, and medical advice taken, before deciding how to feed a baby.







# PHARMACY update

## A pain in the gut

When a 'bellyache' is more than a simple case of diarrhoea or constipation, a bowel disorder may be to blame. Eileen Wilson, MRPharmS, looks at four common conditions

### Short bowel syndrome

Short bowel syndrome occurs when a portion of the small intestine is surgically removed. Conditions that may require resection include Crohn's disease, bowel cancer or a strangulated hernia. Thrombosis or embolus of the blood flow to the intestine are more common causes.

Removal of up to half of the small intestine is usually well tolerated as long as sufficient area for absorption and digestion remains. Malabsorption and severe diarrhoea may occur if more than half of the bowel is removed.

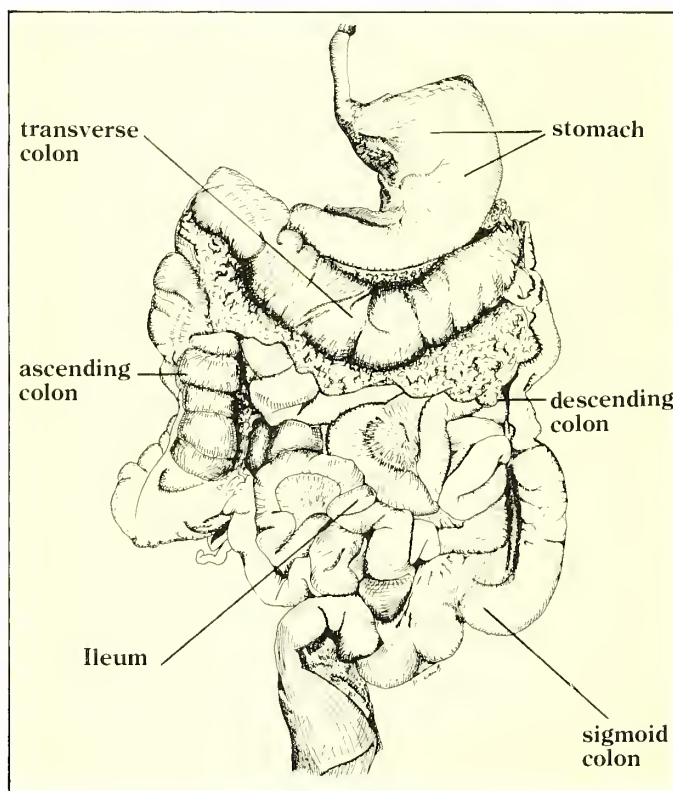
Since many vitamins and minerals are absorbed in the bowel the site of removal is important. Thus anaemia due to malabsorption of both folate and iron may result if the whole duodenum is removed. Lack of calcium absorption may result in osteopenia (reduced bone mass).

Patients may also need parenteral injections of vitamin B12 because the transport mechanism for its absorption is linked to intrinsic factor in the ileum wall. Macrocytic anaemia is caused by deficiency of vitamin B12.

Watery diarrhoea may result from removal of large parts of the small intestine and may be accompanied by steatorrhoea. Fat absorption is impaired because conjugated bile salts, which are essential for normal fat absorption, are absorbed by an active transport mechanism in the ileum.

### Treatment

While patients remain in hospital they usually receive total parenteral nutrition (TPN) which can be discontinued after the remaining bowel begins to adapt.



If less than 25 per cent remains, patients may continue to have TPN at home long term.

Diets need to be individualised to avoid excessive osmolar loads as the main complication is diarrhoea. Large amounts of milk may worsen diarrhoea if a sizeable portion of the lactase-bearing ileum is removed. Patients will also need supplements of fat-soluble vitamins, calcium, zinc and magnesium, iron and folate.

Antidiarrhoeals such as diphenoxylate, loperamide and codeine phosphate may be given three to four times a day. Alternatively an anticholinergic such as probanthine may be used to increase intestinal transit time. In some cases cholestyramine or aluminium hydroxide may be used to bind bile salts and so control diarrhoea.

### Celiac disease

Celiac disease occurs in 5-20 per cent of the population and is almost always first seen in childhood. It is characterised by malabsorption of nutrients and lesions in the small intestinal wall. Removal of gluten containing cereal grains from the diet usually results in improvement.

The mechanism by which gluten damages the gut wall is still not known. In susceptible individuals damage to the intestinal mucosa is believed to be caused by an immune response when insoluble gluten comes into contact with the gut wall.

Other theories are that the disease is a metabolic one in which gluten is incompletely digested resulting in the accumulation of toxic substances or that

individuals are genetically predisposed to its adverse effects.

### Symptoms

The commonest symptoms include diarrhoea, flatulence, weight loss and muscle weakness. Frequency of stools in excess of ten movements per day leads to severe dehydration, electrolyte depletion and acidosis in infants and young children.

Stools may be light tan or grey, oily and frothy with a characteristic rancid odour. A high gas content causes stools to float on the water.

A number of patients with severe celiac disease often have gastrointestinal, vaginal or nasal bleeding caused by a delay in blood coagulation due to prothrombin deficiency, and supplementation of vitamin K (phytomenadione) is indicated.

Patients may complain of bone pain in the lower back, rib cage and pelvis due to the impairment of calcium absorption. There may also be neurologic symptoms such as muscle weakness, paraesthesia and ataxia.

### Treatment

Removal of toxic gluten from the diet is essential but is not as easy as it first appears because of the use of wheat as a binder in many mass produced foods from tomato ketchup to luncheon meats.

Patients are usually put on a gluten-free diet only after a biopsy has been carried out as this course is difficult to initiate and maintain. The commonest cause of treatment failure is incomplete removal of gluten from the diet. Pharmacists can help by providing advice about the range of gluten-free foods available.

Supplementary vitamins and iron may be needed. A typical daily treatment regime for adults is 300mg of ferrous sulphate, folic acid 5-10mg, calcium gluconate



5-10g and a standard multivitamin preparation.

Some patients may not respond to gluten withdrawal and an incorrect diagnosis must be ruled out. If the diagnosis is correct then a course of corticosteroids may be needed.

## Crohn's disease

Crohn's disease is a chronic inflammation, usually of the terminal section of the ileum but sometimes involving the ascending colon. It usually occurs before the age of 40, with peak incidence between 15 and 30.

The inflammation involves all layers of the bowel wall, which becomes thickened and leathery. As with ulcerative colitis (see below) there may be mucosal ulceration and blood and mucus may be passed rectally.

Crohn's disease occurs in between 10-70 per 100,000 people. It is more common in Jews and much more common in whites than nonwhites. There has been a dramatic increase over the past 20 years.

The cause of the disease is unknown, although infectious organisms, psychological and dietary factors have all been implicated.

## Symptoms

The disease commonly presents as chronic diarrhoea associated with abdominal pain, fever, weight loss, anorexia and an abdominal mass.

Inflammation associated with abdominal pain and tenderness may be mistaken for appendicitis. Intestinal narrowing may result in partial obstruction with severe colic, constipation, vomiting and abdominal distention. Attacks may occur every few months or years.

## Treatment

Up to 20 per cent of patients with Crohn's enjoy long symptom-free periods and no treatment is required. Clinical trials on treatment for Crohn's disease are difficult to perform because of the variable nature of the condition.

Diphenoxylate, codeine, loperamide or anticholinergics may be used to treat diarrhoea and cramps. Patients usually take sulphasalazine or mesalazine long term to suppress or prevent relapses in mild inflammation but they are less useful in severe acute exacerbations.

Sulphasalazine is split by bacteria in the colon to 5-amino salicylic acid (5-ASA), believed to be the active moiety, and sulphapyridine. 5-ASA may have a local action on prostaglandin metabolism in the intestinal wall. Symptoms of Crohn's disease are significantly reduced when slow

release 5-ASA is used.

Side-effects of sulphasalazine include rashes, platelet dysfunction and, rarely, bone marrow suppression. Patients should also receive folic acid supplements because sulphasalazine impairs folate absorption by competing for receptor sites.

Prednisolone and methylprednisolone relieve symptoms especially when taken early on in an attack. Complications of steroid therapy may occur with long term use and the drugs should be gradually withdrawn.

In severe disease the immunosuppressive agent azathioprine may be used but the incidence of side-effects, particularly blood dyscrasias, may be high.

The antifungal metronidazole has been shown to be as effective as sulphasalazine in bringing about symptomatic improvement. A dose of around 800mg daily may be used but larger doses can be tried to bring about healing or perineal disease. High doses may lead to peripheral neuropathy.

## Ulcerative colitis

Ulcerative colitis is an inflammatory disease that mainly affects the rectal mucosa and colon but may affect the whole GI tract. Infectious disease, genetic, psychosomatic and immunologic factors have all been held responsible, but the cause is still unknown.

Exacerbations of the disease are marked by rectal bleeding and diarrhoea lasting several weeks, and abdominal cramps. As with Crohn's patients may have long symptom-free periods. A sigmoidoscopy or an X-ray may be carried out to distinguish Crohn's from ulcerative colitis. Cancer of the colon needs to be ruled out.

## Treatment

In a mild disease exclusion of raw fruits, vegetable roughage and antidiarrhoeals may be all that is required. However in more severe cases antidiarrhoeals should be used with care as they may precipitate toxic dilation.

Systemic steroids are used until remission is induced with sulphasalazine or 5-ASA for mild to moderate disease.

Severe ulcerative colitis requires hospitalisation and aggressive treatment with parenteral corticosteroids or ACTH. About a third of patients with extensive ulcerative colitis will require surgery.

*The National Association of Colitis and Crohn's Disease produces a helpful patient information leaflet and a "Can't wait" card — a request to use the toilet in a hurry. Details from: NACC, 98A London Road, St Albans, Herts AL1 1NX (Tel: 0727 44296).*

# Altered bodies — a new look at stoma care

**Understanding the social and psychological adjustments that stoma patients need to make, will enable pharmacists to offer a better service when dispensing their prescriptions, says Eileen Wilson, MRPharmS**

Most people take the normal functioning of their alimentary tract for granted. Food is taken in through the mouth, broken down into manageable pieces by the teeth, and transferred via the

oesophagus to the stomach, where the digestive process initiated by salivary secretions continues.

Most absorption of nutrients takes place in the small and large

*Continued on p568*



*Courtesy of Contrace*

Type of stoma	Reason for surgery	Effluent	Type of pouch
<b>Colostomy</b> Descending/sigmoid (usually permanent)	Rectal cancer Anal cancer Trauma Spinal cord injuries	Soft to fairly firm to solid	Closed pouch
Transverse ("loop" — usually temporary but may become permanent)	Diverticulitis Volvulus Fistulae Colonic cancer	Semi-liquid and soft	Drainable pouch with open end and clip
Ascending (rare — usually temporary)	Acute obstruction Allow bowel recovery from operation	Liquid to paste-like	Drainable pouch with open end and clip
<b>Ileostomy</b> Usually permanent	Ulcerative colitis Crohn's disease of colon Familial polyposis	Liquid and continuous, with intestinal enzymes	Drainable pouch with open end and clip

Ostomy products	Number of fees	Number of charges	Number of no charges
a) Complete appliance	1	1	Nil
b) Spare parts, any number eg bags, belt, washers	1	1	Nil
c) Complete appliance with any number of spare parts	2	2	Nil
d) Adjuncts, one charge/fee per adjunct Adhesive remover Barrier cream Deodorant	3	3	Nil
e) Complete appliance with any number of spare parts and one adjunct	3	3	Nil

*From the "Chemist & Druggist Reference Book"  
See Drug Tariff for details of allowed appliances*



Continued from p567

intestine and at the end of this 15ft tract, stretching from the mouth to the anus, excretion takes place.

For ostomists, in whom an opening in the "bagel" is constructed and brought to the surface, many difficulties may be faced in coming to terms with the change to the body. A consideration of cultural and psychosocial aspects will help pharmacists to go beyond the function, albeit an important one, of supplying appliances and enable them to reassure ostomists who may be embarrassed to seek help about a "highly personal" matter.

## Body image

The mental picture that we have about our bodies develops from birth, with individuals learning how various parts of the body function and how to gain control over them. Stoma surgery leads to a changed body image and patients will usually need support to come to terms with the addition of a stoma on the abdominal wall.

Acceptance can be made easier if it is suggested that the ability to change a bag, at any time and in any place, is a new and acceptable form of control of elimination, which they can adopt as part of their new body image.

Before patients leave hospital, the ostomist's partner may be invited to a change of appliance supervised by a stoma nurse where the subject of altered sexual ability may be discussed. Patients may also be offered counselling to help overcome psychosocial fears about cancer, pain and dying that may arise as a result of the operation.

The cultural and religious background of patients should also be considered since talking openly about the elimination of faeces may be unacceptable to some.

Careful thought should be given to siting of stomas in Muslim



Courtesy of Contrace

patients since ritual purification of the body is required before a prayer meeting. Discharges from the anus are seen as unclean and must be cleansed before a prayer meeting. A stoma placed below the umbilicus is also seen as a "natural opening" and any faeces or flatus passed makes the wearer unclean. A placement above the umbilicus, not normally seen as a "natural opening", may overcome this problem.

Stoma surgery may be difficult for Jewish patients to accept because of the religious significance attached to body perfection and freedom from mutilation during life and death.

## Stoma creation

Stomas are formed from a portion of the small or large intestine,

brought to the surface through a surgical incision. A normal healthy stoma is pinkish red in colour.

## Colostomies

A temporary colostomy may be required because of acute obstruction which may be due to cancer of the descending colon or rectum. Usually a loop colostomy is performed, later being followed by anterior resection, anastomosis (creating an opening between two spaces) and closure.

A temporary colostomy may also be performed during diverticulitis, an inflammation of diverticula in the bowel wall which is accompanied by a risk of abscesses and perforation. A temporary colostomy may also be required after radiotherapy for proctitis (inflammation of the

rectum) or formation of a fistula.

Rectal and anal cancers require permanent colostomies, as do spinal cord injuries or abnormalities, since paralysis of the anal sphincter will result in faecal incontinence and constant soiling.

## Ileostomies

An ileostomy is usually permanent and may be performed in patients with ulcerative colitis, Crohn's disease, cancer of the colon or rectum and enterocolitis. When the procedure was first performed over 50 years ago, metabolic disturbances became apparent but there is now a better understanding of fluid, electrolyte and blood replacement and improved surgical techniques.

Diarrhoea needs prompt management to avoid the complications of dehydration and electrolyte imbalance. Ileostomists may be more at risk of dehydration because they do not have a colon which normally regulates water and electrolyte balance. A normal colon absorbs at least 1l of water and 100mmol of sodium chloride daily; however when overloaded, up to 5l of water can be absorbed. If the plasma content of salt is low, the colon reabsorbs sodium chloride, but the small intestine does not have this capacity.

## Appliance care

With a wide variety of appliances available special care should be taken in choosing one that is appropriate to an individual's lifestyle. The appliance should be able to contain the effluent, be odourproof and have a



Courtesy of Contrace



hypoallergenic adhesive backing.

Patients are usually taught a management routine while in hospital. The frequency of bag changing is quite variable. A drainable or two-piece appliance may need to be changed every three to four days or immediately after leakage.

## Coping with problems

### Odour

Although the odour that comes from faecal matter discharged through a bowel stoma is normal many ostomists worry that it may be offensive. Most appliances are made from odourproof plastic with a built-in charcoal filter. Deodorant sprays, drops or powders can be added to bags before use.

### Diet

A normal diet can be eaten although some foods should be avoided as they may lead to blockage, loose bowels, gas production or an unpleasant odour. The effect of food varies from person to person. Prunes contain diphenylsatin, a cathartic which increases the output volume.

### Skin irritation

Protection of the skin around the stoma is important as the effluent may contain destructive enzymes. Barrier creams should be applied sparingly and any greasiness wiped away before a new appliance is fitted. They should not be used on dry or broken skin.

## Drug therapy

Most drugs affect bowel action and may cause problems for ostomists. The gastro-intestinal system has both adrenergic and cholinergic innervation and drugs can affect stomal action through either system.

Tricyclics and phenothiazines which have anticholinergic effects or sympathomimetics like diethylpropion, may cause constipation and dietary control is indicated. The routine use of laxatives should be monitored and discouraged, if there are problems patients should be referred to their general practitioner.

Opiates have a direct action on the smooth muscle of the gut causing contraction and decreasing peristalsis which causes constipation.

Stoma patients should also be warned about drugs that may change the colour of faeces, to avoid unnecessary anxiety. Some may have a high level of anxiety about the effects of drugs on their stoma and may need reassurance.

# PACT revisited

In the first of three articles on PACT (prescribing analysis and cost), Dr Barry Strickland-Hodge, MRPharmS, director of Medical Informal Technology and Training, gives a brief update with details of changes from this month

PACT first reached general practitioners in England in August 1988. It is an analysis of all prescriptions dispensed in a three month period and comes in three different depths or levels.

Level 1 is an A3 sheet (two A4 sheets in Wales) that goes to every GP in England and Wales. The practice total costs are first calculated for the quarter. Then the list size or number of patients is converted into prescribing units (PUs) to account for the fact that elderly people receive more prescriptions than younger people.

The costs are then compared to a standard unit called the FHSA average. This is not an average as we know the term; it is a number representing the expected prescribing costs of a "standard" FHSA practice with the same number of PUs, as the calculation in Table 1 shows.

If the practice (and note it is the practice not the individual doctor's costs that are compared here) is above the FHSA "average" prescribing cost by 25 per cent or more overall, then the practice will receive a Level 2, indicating that some action or justification will be expected.

The general comparison changes on pages two and three of the Level 1 to comparisons of costs, number of items and average cost per item for six national high cost therapeutic groups plus an "all other" group. If the practice prescribing costs are 75 per cent or more above the FHSA in any of these groups then a Level 2 will also be automatically sent to the practice with their Level 1 for the quarter.

On the back page of the Level 1, the analysis changes from the practice to the individual GPs in that practice. The first three sides, therefore, are identical for each member of the practice: only the back page is different. Among the figures is one for the percentage of items prescribed generically. Remember that this figure represents the percentage of items *written* generically not dispensed as such.

Ranitidine is recorded as a generic prescription even though Zantac was dispensed. This figure can therefore mislead you and the GP. A practice which is above the limits specified but where generic prescribing is high compared to the FHSA may ask you for your comments.

Level 2 data can identify high costs and can point the practice in

**Table 1. Calculation of FHSA average (quarterly)**

FHSA total prescribing cost	× The practice number of PUs
FHSA total number of PUs	

*The FHSA average number of items and the national averages are calculated in a similar way*

the direction of cost containment.

The remainder of the Level 2 data looks at a simple identification of the five highest cost drug "groups" and five actual preparations in each of the six high cost therapeutic groups (details in the next article).

Level 3 is a full catalogue of a practice's or a GP's prescribing. It covers every prescription that was written in the quarter and shows how many times the item was prescribed, how many units were given and how much it cost. This Level can be very daunting as it can be well over 100 pages long. If a practice is interested in its prescribing or want to create a practice formulary this is the level it must have. Level 3 has to be requested and it takes time for the PPA to prepare it so it can be "out of date" when it arrives. However it remains the best starting place for consideration of practice prescribing policy.

## Changes from April 1

The data remained the same for two and a half years but certain changes took place on April 1. For example, the prescribing units in a practice took account of permanent residents only. In some areas, temporary residents are very high particularly in the summer. As the number of PUs is used to create the average, it is important that this truly reflects the position in the practice. The

number of temporary residents is now shown on the PACT data.

Another addition is the prescribing attributed to deputising services. Before April 1, these costs were "lost" to the practice. Now, however, all deputising doctors must add the FHSA number of the doctor on whose behalf they are acting, to the prescription. If it is not added it will be returned to the FHSA for action *after* the pharmacist has been paid.

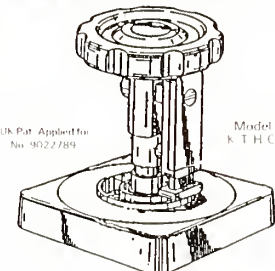
Before April 1, if a prescription for an appliance was filled by an appliance contractor rather than a pharmacist, the cost of that appliance was not included in PACT — now it is.

There are other minor changes such as a figure on Level 2 to show the proportion of generically written prescriptions. However some of the fundamental problems have not yet been addressed. These will be carefully considered in the third part of this series.

PACT is probably the best family practitioner analysis in the world. Its shortcomings can be overcome and will be in time. The working group which is concerned with PACT is about to meet again after a long break; I am sure the limitations will be high on the agenda.

*Specific queries about PACT can be addressed to Dr Strickland-Hodge via Chemist & Druggist and will be answered in future articles.*

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# BUSINESS NEWS

## NPA warning on COSHH

Pharmacists are not getting the message over the COSHH Regulations and it is only a matter of time before a shop manager is prosecuted, the National Pharmaceutical Association has warned this week.

The NPA says it is receiving an increasing number of calls from environmental health officers whose job it is to ensure the Regulations have been complied with, and their patience is running out. One inspector from North London last week said he had not found one pharmacy on his patch that complied with the law.

The Control of Substances Hazardous to Health (COSHH) Regulations came into effect in October 1989. The HSE reports many firms have been slow to take the safety measures required and that only a third of small firms are aware of the Regulations. Nearly 1,700 enforcement notices were issued last year.

The NPA says it has sent out five reminders to members already, and issued an information leaflet last March. This is still available on request from the information department.

The Regulations require all employers to think about substances hazardous to health in the workplace. Identified hazards must be assessed and steps taken to minimise the risks. Employees must be informed and trained about the risks and the precautions to be taken.

Assessments of potential hazards should have been completed by January last year by a competent person. Where it can easily be explained it need not be written down, but in most cases it will need to be recorded and kept accessible.

Assessments may be substance or practice-specific. A pharmacy may contain toxic or irritant chemicals (where safety data may be on the label or available from suppliers), or operate a needle exchange scheme (where professional guidelines are available), which may require assessment.

## Lloyds buy eight more stores for £1m cash

Lloyds Chemists have bought a further three pharmacies and five drugstores for £1 million cash.

The acquisitive retail chain has paid £900,000 for three Marshall Haydock pharmacies located near Blackpool, while in a separate deal it is paying £100,000 for five Care drugstores in the Essex and North London area. The Care drugstores were in the hands of the receivers.

Lloyds will also buy the businesses' stock at valuation.

The company is borrowing to finance the deals but chairman Allen Lloyd told *C&D*: "While we will be increasing borrowings, our gearing will still be below 50 per cent at the end of the year." He said Lloyds were confident they would sell and lease back warehousing currently under construction, a standard procedure for the company.

The Marshall Haydock pharmacies turned over around

£1.48m last year and the vendor is said to be selling up to retire. The five drugstores turned over £1.7m. Mr Lloyd described the deal as a "cheap and quick purchase from the receiver".

The Marshall Haydock Chemist stores are in the Poulton-Le-Fylde area of Lancashire and are said to complement Lloyds' existing pharmacy network. They are being converted immediately to trade as Lloyds Chemists.

The Care drugstores are situated in Corningham, Westcliffe-on-Sea, Laindon, Wichford and Edmonton Green; they are being refitted, re-stocked and relaunched as Lloyds Supersave drugstores.

"These acquisitions strengthen our store networks and are expected to make positive contributions to profits," said Mr Lloyd.

Lloyds now have 458 pharmacies and 180 drugstores.

## Medeva buy two more SB products

Medeva are buying two further products from Smithkline Beecham following their acquisition of three brands last June for £2.4 million (*C&D* June 9, p1038). The company is paying some £5.1m for the product lines in a series of payments commencing in 1991.

The more significant of the two products is Normax; the other is Dexedrine.

Normax is said to complement Medeva's existing micro-enema product Micralax, one of the three drugs bought from SB last year. Medeva intend to market Normax through their existing sales force.

Medeva's chairman Bernard Taylor commented: "The addition of Normax and Dexedrine to our existing range is part of our strategy to strengthen Medeva's position. We consider that branded pharmaceuticals offer the greatest potential for profitable growth."

A spokesman for SB explained the sale, saying: "The two brands are outside the focus of our pharmaceutical thrust."

## AAH Meditel under review

Following a review of its wholly owned subsidiary AAH Meditel, AAH Holdings plc have decided to concentrate on the supply of computer hardware and software to GPs and withdraw from the provision of medical data.

The data business was considered to have absorbed significant resources during its development with no prospect of recovery.

As a consequence, the related intangible asset will be written off and associated re-organisation costs provided for in the current financial year ending March 31. The amount is expected to be of the order of £12 million.

□ Following AAH's withdrawal, Intercontinental Medical Statistics are stepping into the breach with an offer to fund practices already collecting data for clinical and market research purposes.

The company is said to be the

world's largest supplier of such medical data. IMS managing director Dorothy Knightley said: "We are keen for this venture to succeed and look to the co-operation of the majority of the 'no cost' practices. For little or no extra effort practices will be able to secure additional income."

Bayer have posted 1990 results showing a drop in sales and profits in spite of an increase in demand. Sales at DM41.4 million (£14.17 billion), were 3.8 per cent lower than in 1989. Pre-tax profits fell 18 per cent. However the healthcare division showed an increase in sales.

Superdrug will be holding pre budget prices on all their own label products until May 1. The company will increase branded product prices to the new VAT rate from April 1, but will absorb it on own label lines.

## UBR to stay

The Government has rejected demands to modify the Uniform Business Rate.

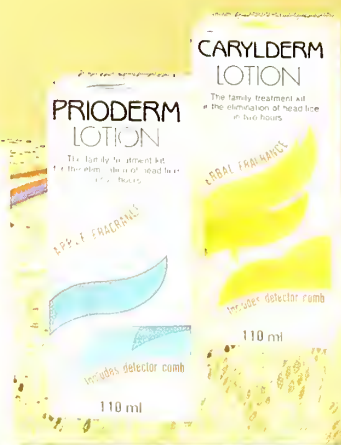
Mr Michael Heseltine, the Environment Secretary, acknowledged in the Commons last week that since its introduction property values in some areas, particularly South East England, had fallen.

But he suggested that by the time of the next revaluation a "substantial" restoration was likely to have taken place.

Mid-Optic, the Derby-based specialist contact lens solution wholesaler have acquired the wholesale solution accessory business of MCL Services from Madden & Layman.



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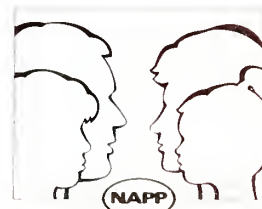
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KX 719 Apr '91



# Kingfisher achieve promising results despite recession

The Kingfisher group, whose interests include the Superdrug drugstore chain, have posted end of year profits 3.8 per cent up on last year, on a turnover up 7 per cent.

Superdrug was the star performer for the company, registering a 16 per cent rise in operating profit from £29.7 million in 1990 to £34.5m this year.

**Sales up 7pc to £3.1 billion**

**Pre-tax profit down 14pc to £215m**

**Earnings per share up 4pc to 30.9p**

**Total dividend up 6.1pc to 12.2p**

Both the B&Q and the Woolworth stores increased operating profits, but Comet stores plunged, with operating profits falling back 58 per cent to

£7.6m.

In the annual review of the company's performance chief executive and chairman Geoffrey Mulcahy told shareholders: "Superdrug has increased its market share in toiletries. Sales increased by 15 per cent from £452m to £520m. Medicare has been successfully absorbed, and productivity in the stores was enhanced with sales per full-time equivalent up by 20 per cent."

For the whole Kingfisher group turnover increased by 7 per cent to £3.1 billion.

Fully diluted earnings per share for the group put on 4 per cent, rising from 29.7p to 30.9p, while the total dividend for the year is up 6.1 per cent, from 11.5p to 12.2p.

Kingfisher recorded an

exceptional item of £37.2 million on the disposal of property. However if exceptional items are included, pre-tax profits are down from £294.7m to £252.5m, as exceptional items amounted to £87.3m in 1990.

Looking to the future Mr Mulcahy said: "We are planning for continued recession in 1991 and do not expect a pick-up before the end of this year or early next year."

"In the short term further growth will come from concentrating on the detail of our businesses — managing costs, cash and capital expenditure."

Borrowings for the group have dropped by £19.6m.

## Glaxo license drug to Boehringer Ingelheim

Glaxo have signed an agreement giving Boehringer Ingelheim International marketing rights to the anti-hypertensive agent lacidipine in some European countries. This follows the company's decision to seek alternative marketing arrangements for the drug so it can concentrate resources in other therapeutic areas.

Under the terms of the licence agreement Boehringer will gain exclusive rights to market lacidipine in Germany, Austria, Switzerland, Sweden, Norway, Denmark, Finland, Belgium, the Netherlands and Luxembourg with non-exclusive rights in France, Portugal and Spain.

Lacidipine is expected to be launched this year.

## Jeyes Group profits rocket on strong sales growth

The Jeyes group have announced a spectacular 51 per cent rise in pre-tax profits for the year ending December 29, 1990. Turnover was up 16 per cent to £51.8 million.

**Sales up 16pc to £51.8m**

**Pre-tax profit up 51pc to £3.56m**

**Earnings per share up 0.7pc to 16.3p**

**Total dividend up 15pc to 5.4p**

However, the company's profit for the financial year attributable to ordinary shareholders is actually down, from £1.86m to £1.74m. This is due to an extraordinary deficit item in the accounts of £553,000, attributed to changes in distribution and the sale of the company's blow moulding business at Thetford.

Generally though, the results are upbeat. Earnings per share improved by 0.7 per cent to 16.3p even taking into account an effective tax rate hike from 21 per cent in 1989 to 36 per cent in 1990.

Group operating profit rose by 35 per cent to £4.14m and the company's operating margin improved to 8 per cent compared with 6.9 per cent the previous year.

Jeyes are pursuing a strategy of growth by acquisition combined with organic growth and overseas development. The company says that with Kleenoff, acquired in January 1990, it has achieved the objectives of improving the operating margins and modernising the product range for Spring of this year.

## Safety record report call

Firms which "injure workers and consumers" should be compelled to make this public and if wantonly reckless, be forced to pay punitive damages, according to lawyer Rodger Pannone.

Mr Pannone, who has represented Opren claimants, was due to address this year's Consumer Congress at Queen's University, Belfast on Friday. He will urge delegates to press for a new law to compel firms to reveal their safety record in their annual reports.

**Hoechst UK results** show sales up 2 per cent but pre-tax profits down 8 per cent. On sales of £441 million the group made profits of £21.9m, compared to £23.9m the previous year. "Neither our ethical pharmaceutical nor animal health businesses were able to repeat last year's exceptional performances," said a spokesman.

**Selling a company?** Business transfer agents Everett, Masson & Furby have published a checklist for directors and shareholders considering the sale of a private limited company. It covers issues owners should address before placing the company on the market, from valuation through to completion of sale. Free on request from the group head office at 18 Walsworth Road, Hitchen, Herts (tel: 0462 422499).

**Laporte have increased** profits by 9 per cent before exceptional items, rising to £109.2 million. Group turnover was up 5 per cent to £649.3m.

## Geriatric pharmacy

Liverpool Centre for Pharmaceutical Sciences are holding a training course in geriatric pharmacy for community and hospital pharmacists on May 10-12.

Taking place at the Burton Manor Conference Centre, Burton, South Wirral, the first two days will concentrate on pharmacokinetics, counselling, drug interactions and workshops.

Fees £260 (residential), £160 (non-residential). Details from Dr A.J. George on 051-207 3581 ext 2069.

### Tuesday, April 9

**Bristol Branch, RPSGB.** PG Centre, Frenchay Hospital, 7.30 for 8pm. "Vaccines — current matters". Joint meeting with health visitors.

**Fife Branch, RPSGB.** Anthony's Hotel, Kirkcaldy at 7.45pm. Annual meeting.

**Lanarkshire Branch, RPSGB.** The Moorings House Hotel, Motherwell at 8pm. Annual meeting and dinner.

**Leicestershire Branch, RPSGB.** Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. Branch annual meeting.

**Liverpool Branch, RPSGB.** Mercury Court, Tithebarn Street, 7.30 for 8pm. "What a relief" and annual meeting.

**South East Metropolitan Branch, RPSGB.** Medical Centre, Lewisham Hospital at 8pm. Annual meeting.

### Wednesday, April 10

**Hull Branch, RPSGB.** Postgraduate Medical Centre, Hull Royal Infirmary at 8pm. Annual meeting.

**Isle of Wight Branch, RPSGB.** The Wheatsheaf Hotel, St Thomas' Square, Newport at 7.30pm (meal). Annual meeting.

### Thursday, April 11

**Dumfries and Galloway Branch, RPSGB.** Hotel Embassy, Newbridge, Dumfries, 7.30 for 8pm (buffet). "Evening primrose oil" by Dr D. Horrobin, Scotia Pharmaceuticals and annual meeting.

**Glasgow and West of Scotland Branch, RPSGB.** Royal Scottish Automobile Club, Blythswood Square. Annual meeting and slide show by Dr Alan Baile of his Baltic canoe trip.

### Advance information

**Applied Pharmacy Practice Learning Events.** "Partners in prescribing" at Drumkeen Hotel, Belfast, April 24, 10am to 5pm. Details from Donna McDowell on Belfast 650111 ext 761.

**Italiarmacica.** Exhibition at Fiera Internazionale di Verona, April 26-28. Details from Aviomar on Genova 10/587753.

**Society of Pharmaceutical Medicine.** "Can clinical pharmacology predict therapeutic drug doses?" Afternoon symposium at the Society of Pharmaceutical Medicine, May 9. Details from Elizabeth Borg on 071-493 7825.



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## TENDERS

### LOTHIAN HEALTH BOARD

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Lothian Health Board invites expressions of interest from appropriate commercial organisations willing to form a joint venture partnership with the Area Hospital Pharmacy Service for the purchase, storage and distribution of pharmacy products to hospital pharmacies and other locations.

The joint venture partner will be selected following competitive tendering, with a view to final negotiation of a contract for the service.

**INTERESTED COMMERCIAL ORGANISATIONS  
SHOULD WRITE TO:**

**MR D A BOLTON, CHIEF ADMINISTRATIVE  
PHARMACEUTICAL OFFICER, LOTHIAN  
HEALTH BOARD, 148 THE PLEASANCE,  
EDINBURGH EH8 9RR**



# ABOUT PEOPLE

## Drug raids Warning

Plymouth police are advising pharmacists to review security, following a series of raids.

One of the victims, Tugwell pharmacy in Milehouse, has been robbed twice in a month by masked men wielding knives.

A police spokesman told *C&D* there appeared to be problems with heroin supplies and the thieves were turning to pharmacies for substitutes. Temazepam, nitrazepam and diazepam were of particular interest and he recommended that pharmacists hid these items or locked them away, and also considered installing burglar alarms or video cameras. No-one had been charged at the time of going to press.

## Adding Spice to life?

We are all familiar with advertisements for toiletries which give the impression that their use in some way enhances attractiveness, but an aftershave with medicinal properties is a new proposition altogether.

News of such a situation was spotted by *C&D*'s Indian correspondent in the *Gomantak Times*, an English language newspaper published in Goa. Investigations are currently underway into how Colfax Laboratories were able to evade excise duty by getting the aftershaves Old Spice and Blue Stratos declared medicines.

Old Spice had been classified as a toilet preparation in 1968 but had been reclassified as a medicinal preparation by the Excise Commissioner in 1985.

No mention was made of what medicinal properties the products were supposed to have. Suggestions on a postcard...?



Pharmacist Tim Burrows, president of The Hull Pharmacists' Association, is pictured with nurse Carole Meyer, of Dove House Hospice, to whom he has just handed a cheque for £325, and Joyce Kearney, public relations manager at Approved Prescription Services. The company supplied Hull Pharmacists' Association with a cutlery set, which was the prize in a raffle at their annual dinner and dance. The money raised from the raffle was donated to the Hospice

## Role for pharmacists in export of donations

Padstow pharmacist Hopkin Maddock played a useful role in the exporting of a donation of goods to Romania. Now he wants to remind pharmacists just how simple the Medicines Act export regulations are.

He says that pharmacists may be unaware of the fact that all that is needed is a copy of an invoice for medicines to be charged at cost.

Unfortunately, the Society cannot assist in an advisory and co-ordinating capacity, because the administrative and logistic problems would be too great, Mr Maddock says.

**Warner-Lambert Confectionery** are sponsoring a local junior football team, the Marauders, in a European championship, the Canary Cup.

Mr Maddock got involved when the local vicar approached him for advice on what to do with a supply of goods and money that had been collected for donation to Romania.

He contacted another pharmacist, who had been featured in *C&D* when he became involved in a Romanian appeal, told them of the pitfalls involved and suggested that they contact an eye surgeon in Sebes.

Mr Maddock also consulted the WHO Essential Medicines List and selected a range of products to export. He wishes to thank Mr K. Young and his staff at Vestric, Paignton, and Mr Bob Podbury, director of pharmaceutical services, Cornwall for their help in putting the "unusual" package together.



Gillette's Chris Adcock presents £145,000 to Kate Brooks of WWF UK. The money was raised by a T-shirt offer on Natrel Plus

## APPOINTMENTS

**Polaroid (UK) Ltd:** general manager Rod Bishop is now also supervising subsidiaries in the Nordic region and Southern Ireland, following former general manager Jason Hubbard's move to divisional vice-president, strategic marketing, Eastern hemisphere, based in the US. Brian Poggi has been appointed director of international consumer marketing for Polaroid Corporation. Based in Cambridge, he will be responsible for their consumer and business imaging products in Europe and the Asia-Pacific region.

**Clark Care Group.** Pharmacists David McCarthy and Hiten Rawal have been appointed area managers of the Maidstone-based chain.

**CPL Group Ltd** have appointed Eddie Corcoran as production manager at their Brixworth factory. Ian Watt becomes senior perfumer at CPL Fragrances, Barrington Hall.

**Numark have appointed** Belfast pharmacist Peter Wright of the Four Winds pharmacy in Newton Park as the eighth member of their retail advisory board.

**Warner-Lambert Confectionery** have appointed two new senior product managers. Oliver Todd takes responsibility for Clorets, and Alison Thompson for the Van Melle range — Fruitella, Mentos and Dummy.



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*10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gaviscan 250 Tablets: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: not recommended.* **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscan 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gavison are sugar-free. **Product Licence Nos:** 44/0058 Liquid Gavison, 44/0103 Gaviscan 250. Further information is available on request from: Reckitt & Calma Products, Dansom Lane, Hull HU8 7DS. ® Gavison is a registered trade mark.